## Case: 2:24-cv-01519-EAS-CMV Doc #: 12-2 Filed: 04/29/24 Page: 1 of 58 PAGEID #: 1036 **EXHIBIT B**

#### Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

SIGN

**HERE** 

**SIGN HERE** 

**SIGN HERE** 

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

> > Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110 1210-0089

2021

This Form is Open to Public

						Inspection			
Part I	Annual Report Ide	entification Information							
For calend	lar plan year 2021 or fisca	ll plan year beginning 01/01/2021		and ending 12/31/202	1				
A This re	turn/report is for:	a multiemployer plan	a multiple-employer plan (Filers checking the participating employer information in accord				ns.)		
		X a single-employer plan	a DFE (specify	)					
<b>B</b> This ref	turn/report is:	the first return/report	the final return/report						
[		an amended return/report	a short plan ye	ar return/report (less than 12 m	nonths)	)			
C If the p	If the plan is a collectively-bargained plan, check here								
<b>D</b> Check	<b>D</b> Check box if filing under: ☐ Form 5558 ☐ automatic extension			the	e DFVC program				
		special extension (enter description	n)		_				
E If this is	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here								
Part II	Basic Plan Inform	nation—enter all requested information	n						
1a Name	•				1b	Three-digit plan number (PN) ▶	501		
JONES I	JONES LANG LASALLE GROUP BENEFITS PLAN					1c Effective date of plan 07/01/1977			
Mailin City o	g address (include room, a r town, state or province, o	r, if for a single-employer plan) apt., suite no. and street, or P.O. Box) country, and ZIP or foreign postal code	(if foreign, see instru	uctions)	2b	Employer Identifica Number (EIN) 36-4160760	ation		
JONES L	ANG LASALLE AMERICA	iS, INC.			2c	Plan Sponsor's tele number 312-782-5800	•		
	200 EAST RANDOLPH STREET CHICAGO, IL 60601				2d Business code (see instructions) 531390				
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.									
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.									
	,		. ,	, 5		, , ,	•		

07/13/2022

Date

Date

Date

**CATHERINE SHEEDY** 

Enter name of individual signing as plan administrator

Enter name of individual signing as DFE

Enter name of individual signing as employer or plan sponsor

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Filed with authorized/valid electronic signature.

Signature of plan administrator

Signature of DFE

Signature of employer/plan sponsor

Form 5500 (2021) v. 210624

Page 2 Form 5500 (2021) **3a** Plan administrator's name and address X Same as Plan Sponsor 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, 4b EIN enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **4d** PN а Sponsor's name Plan Name 5 Total number of participants at the beginning of the plan year 28110 5 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d). 28110 a(1) Total number of active participants at the beginning of the plan year...... 6a(1) 30625 a(2) Total number of active participants at the end of the plan year ...... 6a(2)0 6b Retired or separated participants receiving benefits..... 0 Other retired or separated participants entitled to future benefits ...... 6c 30625 Subtotal. Add lines 6a(2), 6b, and 6c. 6d Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. 6e Total. Add lines 6d and 6e. 6f Number of participants with account balances as of the end of the plan year (only defined contribution plans 6g complete this item) ..... h Number of participants who terminated employment during the plan year with accrued benefits that were 6h less than 100% vested. 0 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)...... If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: 4B 4D 4E 4F 4H 4L 4Q Plan funding arrangement (check all that apply) **9b** Plan benefit arrangement (check all that apply) (1) Insurance (1) Insurance (2) Code section 412(e)(3) insurance contracts (2) Code section 412(e)(3) insurance contracts (3)Trust (3) (4) General assets of the sponsor (4) General assets of the sponsor Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions) a Pension Schedules **General Schedules** R (Retirement Plan Information) H (Financial Information) (1) (1) I (Financial Information - Small Plan) (2) MB (Multiemployer Defined Benefit Plan and Certain Money (2) X (3) 13 A (Insurance Information) Purchase Plan Actuarial Information) - signed by the plan actuary (4) C (Service Provider Information) **D** (DFE/Participating Plan Information) (5) (3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (6) **G** (Financial Transaction Schedules)

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Receipt Confirmation Code\_

Department of the Treasury Internal Revenue Service

## **Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

OMB No. 1210-0110

Employee Benefits Security Administration  File as an attachment to Fo			attachment to Form 55	00.				
Pension Benefit Guaranty C	Corporation	<ul><li>Insurance companies a pursuant to E</li></ul>	are required to provide t ERISA section 103(a)(2)		ion	This Form is Open to Public Inspection		
For calendar plan year 20	021 or fiscal pla	n year beginning 01/01/2021		and en	ding 12/3	1/2021		
A Name of plan				<b>B</b> Three	e-digit			
JONES LANG LASALLE	GROUP BENE	FITS PLAN		plan	number (PI	<b>V</b> )	501	
C Plan sponsor's name	as shown on lin	e 2a of Form 5500		<b>D</b> Emplo	yer Identific	ation Number (	EIN)	
JONES LANG LASALLE	AMERICAS, IN	NC.		36-4	4160760			
		rning Insurance Contract  Lindividual contracts grouped a						
1 Coverage Information:								
(a) Name of insurance countries (a) UNITEDHEALTHCARE IN		MPANY				Deliana		
<b>(b)</b> EIN	(c) NAIC	(d) Contract or	(e) Approximate number of persons covered at end of			•	ontract year	
(0) 2	code	identification number	policy or contrac		(f)	From	<b>(g)</b> To	
36-2739571	79413	712525	5424 01		01/01/202	1	12/31/2021	
2 Insurance fee and con descending order of th		ation. Enter the total fees and tot	al commissions paid. L	ist in line 3	the agents,	brokers, and o	ther persons in	
(a) Total	amount of com	missions paid		<b>(b)</b> To	tal amount	of fees paid		
		0					0	
3 Persons receiving con	nmissions and fo	ees. (Complete as many entries	as needed to report all	persons).				
g		and address of the agent, broker,			ions or fees	were paid		
(I) A constant of a class	odbara	Fee	es and other commission	ns paid			Γ	
(b) Amount of sales a commissions page		(c) Amount		(d) Purpose	<del></del>		(e) Organization code	
		,,		` '			, , ,	
	(a) Name a	and address of the agent, broker,	or other person to who	m commissi	ions or fees	were naid		
	(a) Name e	and address of the agent, broker,	or other person to who	m commissi	10113 OF 1003	were paid		
(b) Amount of sales a	and hase	Fee	es and other commission	ns paid				
commissions pa		(c) Amount		(d) Purpose	<del></del>		(e) Organization code	
		,,		. , 1				
Fan Barraman I. Barland	A - ( N - ('	see the Instructions for Form 6	5500			Caba	Jula A /Farm FE00) 2021	

Case: 2:24-cv-01	519-EAS-CMV Doc #:	: 12-2 Filed: 04/29/24 Page: 5 of 58 PAGEID	#: 1040
Schedule A (Form 5500) 2	2021	Page <b>2</b> – 1	
(a) Na	me and address of the agent, bro	oker, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
	me and address of the agent, bro	oker, or other person to whom commissions or fees were paid	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Na	me and address of the agent, bro	oker, or other person to whom commissions or fees were paid	
(h) Assessment of a class and have		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, bro	oker, or other person to whom commissions or fees were paid	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, bro	oker, or other person to whom commissions or fees were paid	
(1) A		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code

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Schedule A (Form 5500) 2021

I	Part	II								
			Where individual contracts are provided, the entire group of such individus report.	idual contra	cts with each carrier may	be treated	as a unit for purposes of			
4	Curr	ent v	value of plan's interest under this contract in the general account at year	end		4				
5			value of plan's interest under this contract in separate accounts at year e			5				
6			s With Allocated Funds:							
	а	Sta	te the basis of premium rates							
	b	Pre	miums paid to carrier			6b				
	С		miums due but unpaid at the end of the year			6c				
	d		ne carrier, service, or other organization incurred any specific costs in contact of the costs o			6d				
			ention of the contract or policy, enter amountecify nature of costs							
		Spe	rature of costs							
	•	Tvr	be of contract: (1) individual policies (2) group deferred							
	е									
		(3)	other (specify)							
	_									
	f		ontract purchased, in whole or in part, to distribute benefits from a termin	• •						
7	Con	tracts	s With Unallocated Funds (Do not include portions of these contracts ma							
	а	Тур	pe of contract: (1) deposit administration (2) immedia	ite participa	tion guarantee					
			(3) ☐ guaranteed investment (4) ☐ other ▶							
			<del>-</del>							
	b	Bal	ance at the end of the previous year			7b				
	С	Add	ditions: (1) Contributions deposited during the year	7c(1)						
		(2)	Dividends and credits	7c(2)						
		(3)	Interest credited during the year	7c(3)						
		` '	Transferred from separate account	7c(4)						
		(5)	Other (specify below)	7c(5)						
		•								
		(6)	Total additions			7c(6)				
	d	Tota	If of balance and additions (add lines 7b and 7c(6))			7d				
	е		uctions:	- (1)						
			Disbursed from fund to pay benefits or purchase annuities during year	7e(1)						
		. ,	Administration charge made by carrier	7e(2)						
		` '	Transferred to separate account	7e(3)						
		(4) (	Other (specify below)	7e(4)						
		•								
		(5)	Total deductions			7e(5)				
	f	Dal	ance at the and of the aurrent year (subtract line 70/5) from line 7d)			7f				

Pa	art II	Welfare Benefit Contract Informa If more than one contract covers the same the information may be combined for report employees, the entire group of such individ	group of employees of the ing purposes if such cont	racts are ex	xperience-rated as a ui	nit. Where co	ontracts cover individual
8	Bene	fit and contract type (check all applicable boxes)				-	·
	аГ	Health (other than dental or vision)	<b>b</b> Dental	С	X Vision		<b>d</b> Life insurance
	e –	Temporary disability (accident and sickness)	f Long-term disabili		Supplemental uner	mnlovment	h ☐ Prescription drug
	: <u> </u>					проуттен	
	'	Stop loss (large deductible)	j  HMO contract	K	PPO contract		I Indemnity contract
	m _	Other (specify)					
_							
	•	rience-rated contracts:		0-(4)			
		remiums: (1) Amount received		9a(1) 9a(2)			
		<ul><li>(2) Increase (decrease) in amount due but unpaid</li><li>(3) Increase (decrease) in unearned premium res</li></ul>		9a(2)			-
		(4) Earned ((1) + (2) - (3))				9a(4)	
	-	Benefit charges (1) Claims paid		9b(1)		• • • • • • • • • • • • • • • • • •	
		2) Increase (decrease) in claim reserves		(-)			
	,	3) Incurred claims (add <b>(1)</b> and <b>(2)</b> )				. 9b(3)	
		4) Claims charged				. 9b(4)	
	С	Remainder of premium: (1) Retention charges (o	n an accrual basis)				
		(A) Commissions		9c(1)(A)			
		(B) Administrative service or other fees		9c(1)(B)			
		(C) Other specific acquisition costs		9c(1)(C)			
		(D) Other expenses		9c(1)(D)			
		(E) Taxes		9c(1)(E)			
		(F) Charges for risks or other contingencies.		9c(1)(F)			
		(G) Other retention charges			· · · · · · · · · · · · · · · · · · ·	00/41/11	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		(H) Total retention	_	_		, , , ,	)
		(2) Dividends or retroactive rate refunds. (These	<b>—</b> •	<u> </u>			
		Status of policyholder reserves at end of year: (1	•				
		(2) Other receives				· · · · ·	
		(3) Other reserves  Dividends or retroactive rate refunds due. (Do no				` '	
10		nexperience-rated contracts:	or morade amount emeret	2 111 11110 <b>30</b> (	<b>(-)</b> -)	.   30	
. •		Total premiums or subscription charges paid to c	arrier			. 10a	1048309
	_	If the carrier, service, or other organization incurr					
		retention of the contract or policy, other than repo				. 10b	
		ify nature of costs.					
D	art I	V Provision of Information					
					, ,,,	7 Voc	X No
11		the insurance company fail to provide any inform		lete Schedu	ule A?	Yes	A INU
12	12 If the answer to line 11 is "Yes," specify the information not provided.   •						

Department of the Treasury Internal Revenue Service

Department of Labor

## **Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

OMB No. 1210-0110

Employee Benefits Security Administration			File as an attachment to Form 5500.							
Pension Ber	nefit Guaranty Co	orporation	•	▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).				This Form is Open to Public Inspection		
For calendar	plan year 20	21 or fiscal pla	n year beginning 01/01/2021		and en	ding 12/3	31/2021			
A Name of p	olan				<b>B</b> Three	e-digit				
JONES LAN	IG LASALLE	<b>GROUP BENE</b>	FITS PLAN		plan	number (Pl	N) •	501		
						,	,			
C Plan spon	sor's name a	as shown on lin	e 2a of Form 5500		<b>D</b> Emplo	yer Identific	ation Numbe	r (EIN)		
JONES LAN	G LASALLE	AMERICAS, IN	NC.		-	4160760				
Part I	Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.									
1 Coverage	Information:									
(a) Name of	insurance ca		OF THE MID-ATLANTIC	(a) A			Daliana			
(b) E	≡INI	(c) NAIC	(d) Contract or persons covered at end of			Policy or	contract year			
(D) I	LIIN	code	identification number	policy or contract year		(f)	From	<b>(g)</b> To		
52-0954463		95639	22582	485	485 01/01/202		1	12/31/2021		
		mission informate amount paid.	ation. Enter the total fees and to	tal commissions paid. L	ist in line 3	the agents,	brokers, and	other persons in		
	(a) Total	amount of com	missions paid		<b>(b)</b> To	tal amount	of fees paid			
	` '		. 0		` '		•	0		
3 Persons re	eceivina com	missions and f	ees. (Complete as many entries	s as needed to report all	persons).					
			and address of the agent, broker			ions or fees	were paid			
			Fe.	es and other commissio	ne naid					
	nt of sales a nmissions pa		(c) Amount					(e) Organization code		
COII	iiiiissioiis pa	ilu	(c) Amount		(u) i diposi	<u>-</u>		(e) Organization code		
		(a) Name a	and address of the agent, broker	r, or other person to who	m commiss	ions or fees	were paid			
(In) A			Fe	es and other commission	ns paid					
	nt of sales ar nmissions pa		(c) Amount		(d) Purpose	e		(e) Organization code		
3011	постопо ра		(2)		(3) . 41,000	-		(5) Organization code		
For Borrows de Bodrotion, Act Notice		A . N:								

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Schedule A (Form 5500) 2	2021	Page <b>2</b> – 1	
(a) Na	me and address of the agent, bro	oker, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
	me and address of the agent, bro	oker, or other person to whom commissions or fees were paid	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Na	me and address of the agent, bro	oker, or other person to whom commissions or fees were paid	
(h) Assessment of a class and have		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, bro	oker, or other person to whom commissions or fees were paid	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, bro	oker, or other person to whom commissions or fees were paid	
(1) A		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code

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Schedule A (Form 5500) 2021

ı	Part						
		Where individu this report.	al contracts are provided, the entire group of such indiv	ridual contra	cts with each carrier may	be treated	I as a unit for purposes of
4	Curr		erest under this contract in the general account at year	end		4	
5			erest under this contract in separate accounts at year e			5	
6		racts With Allocated I	·				
	а	State the basis of pro	emium rates				
	b	Premiums paid to ca	rrier			6b	
	С	Premiums due but u	npaid at the end of the year			6c	
	d	If the carrier, service retention of the contra	h the acquisition or	6d			
		Specify nature of cos	ets 🕨				
	е	Type of contract: (1	) individual policies (2) group deferre	d annuity			
		(3) other (specif	v) <b>•</b>				
		(1)	,,				
	f	If contract nurchased	d, in whole or in part, to distribute benefits from a termin	nating plan	check here		
7		· · · · · · · · · · · · · · · · · · ·	d Funds (Do not include portions of these contracts ma				
•	a	Type of contract:	_ ` _ `		tion guarantee		
	u	Type of contract.	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		non guarantos		
			(3) guaranteed investment (4) other				
	<b>L</b>	Dalaman at the seed of	Cities and device and			76	
	b C		of the previous year	- (4)		7b	
	C	` '	butions deposited during the yearedits	7c(1)			
		` '	during the year	7c(3)			
		` ,	separate account	7c(4)			
		` '	low)	7c(5)			
		•	~,,	(- )			
		(6)Total additions				7c(6)	
	Ч	` '	additions (add lines <b>7b</b> and <b>7c(6)</b> )			70(0) 7d	
		Deductions:	additions (add lines 15 and 16(0)).	Γ		74	
			nd to pay benefits or purchase annuities during year	7e(1)			
		. ,	arge made by carrier	7e(2)			
		` '	parate account	- (-)			
		` '	ow)	_ ;;			
		<b>)</b>	•	, ,			
		(E) Total doductions				7e(5)	
	f	` '	f the current year (cultivact line 7a/5) from line 7d			7e(3)	

Part III	Welfare Benefit Contract Information one contract covers the same	group of employees of the	e same er	nploye	er(s) or members of	the same e	mployee organizations(s),
	the information may be combined for report employees, the entire group of such individ						
8 Benefit a	and contract type (check all applicable boxes)						
<b>а</b> 🛛 не	ealth (other than dental or vision)	<b>b</b> Dental	(	c 🗌 '	Vision		<b>d</b> Life insurance
e	emporary disability (accident and sickness)	f  Long-term disabili	ty	g∏i	Supplemental unemp	oloyment	h X Prescription drug
. =	top loss (large deductible)	j X HMO contract			PPO contract	•	I Indemnity contract
		, A Time contract	•	⊔ .	r r o contidor		
<b>m</b> ∐ o	ther (specify)						
9 Experien	ce-rated contracts:						
•	niums: (1) Amount received		9a(1)				
	ncrease (decrease) in amount due but unpaid						
	ncrease (decrease) in unearned premium res						
(4) E	Earned ( <b>(1) + (2) - (3)</b> )					9a(4)	
<b>b</b> Ber	nefit charges (1) Claims paid		9b(1)				
(2) I	ncrease (decrease) in claim reserves		9b(2)				
(3) I	ncurred claims (add (1) and (2))					9b(3)	
` '	Claims charged					9b(4)	
	mainder of premium: (1) Retention charges (o	•					
	(A) Commissions		9c(1)(A				
	(B) Administrative service or other fees		9c(1)(E				
	(C) Other specific acquisition costs		9c(1)(C 9c(1)(E				
	(D) Other expenses		9c(1)(E				
	(E) Taxes(F) Charges for risks or other contingencies .		9c(1)(F				
	(G) Other retention charges		0 (4)(6				
	(H) Total retention					9c(1)(H)	
	Dividends or retroactive rate refunds. (These	_				9c(2)	,
	tus of policyholder reserves at end of year: (1			_		9d(1)	
	Claim reserves					9d(2)	
	Other reserves					9d(3)	
` '	idends or retroactive rate refunds due. (Do n					9e	
	perience-rated contracts:			. , ,			
<b>a</b> Tota	al premiums or subscription charges paid to o	arrier				10a	2053348
<b>b</b> If th	ne carrier, service, or other organization incur	ed any specific costs in c	connection	with	the acquisition or		
rete	ention of the contract or policy, other than repo					10b	
Specify i	nature of costs.						
Part IV	Provision of Information						
	insurance company fail to provide any inform	ation necessary to comp	lete Scher	dule A	Λ2 Π	Yes	X No
	nswer to line 11 is "Yes," specify the informat		1010 001100	uul <del>e</del> A	N:		
14 ir the ai	iswel to line it is tres, specify the informat	on not provided. 🔻					

Department of the Treasury Internal Revenue Service

Department of Labor

## **Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

OMB No. 1210-0110

Employee Benefits Security Ad	ministration	File as an a	ittacnment to Form 55	00.				
Pension Benefit Guaranty Co	orporation		nsurance companies are required to provide the information pursuant to ERISA section 103(a)(2).			This Form is Open to Public Inspection		
For calendar plan year 20	21 or fiscal pla	n year beginning 01/01/2021		and en	ding 12/3	1/2021		
A Name of plan JONES LANG LASALLE	GROUP BENE	EFITS PLAN		B Three plan	e-digit number (PN	u) <b>•</b>	501	
C Plan sponsor's name a JONES LANG LASALLE				-	yer Identifica 4160760	ation Number	(EIN)	
		rning Insurance Contract Lindividual contracts grouped as						
1 Coverage Information:								
(a) Name of insurance ca		OF THE NORTHWEST						
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered a	Approximate number of sons covered at end of blicy or contract year (f)		Policy or o	(g) To	
93-0798039	95540	18869	300	,	01/01/2021	1	12/31/2021	
descending order of the	amount paid.	ation. Enter the total fees and total	al commissions paid. L	ist in line 3	the agents, l	brokers, and	other persons in	
(a) Total a	amount of com			<b>(b)</b> To	tal amount o	of fees paid		
		0					0	
3 Persons receiving com		ees. (Complete as many entries and address of the agent, broker,			ions or fees	were paid		
	(4)	•				were para	T	
<b>(b)</b> Amount of sales ar			es and other commission					
commissions pa	Id	(c) Amount		(d) Purpose	9		(e) Organization code	
	(a) Name a	and address of the agent, broker,	or other person to who	m commiss	ions or fees	were paid		
(b) Amount of sales ar	nd base	Fee	es and other commission	ns paid				
commissions pa		(c) Amount		(d) Purpose	<u> </u>		(e) Organization code	
For Panerwork Reduction	n Act Notice	see the Instructions for Form 5	5500			Sch	edule A (Form 5500) 2021	

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Schedule A (Form 5500) 2	2021	Page <b>2</b> – 1	
<b>(a)</b> Nai	ne and address of the agent, broke	er, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broke	er, or other person to whom commissions or fees were paid	<u> </u>
(h) Amount of color and have		Fees and other commissions paid	(e)
<b>(b)</b> Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
<b>(a)</b> Nai	me and address of the agent, broke	er, or other person to whom commissions or fees were paid	·
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(c) Amount

(c) Amount

(b) Amount of sales and base

commissions paid

(b) Amount of sales and base

commissions paid

Fees and other commissions paid

Fees and other commissions paid

(d) Purpose

(d) Purpose

(e) Organization code

(e) Organization code

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Schedule A (Form 5500) 2021

Part II		II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indiv	idual contra	acts with each carrier may	be treated	d as a unit for purposes of
			this report.				
			alue of plan's interest under this contract in the general account at year			4	
_			alue of plan's interest under this contract in separate accounts at year e	nd		5	
ь			With Allocated Funds:				
	а	Stat	te the basis of premium rates				
	<b>L</b>	D				Ch	
	b		miums paid to carrier			6b	
	۲ C		miums due but unpaid at the end of the year			6c	
	d		e carrier, service, or other organization incurred any specific costs in contion of the contract or policy, enter amount	6d			
			cify nature of costs		<u> </u>		
			<b>,</b>				
	е	Type	e of contract: (1) individual policies (2) group deferred	d annuity			
				a armany			
		(3)	other (specify)				
_	f		ontract purchased, in whole or in part, to distribute benefits from a termin	• • •			
7	Con	tracts	With Unallocated Funds (Do not include portions of these contracts ma				
	а	Тур	e of contract: (1) deposit administration (2) deposit administration		ation guarantee		
			(3) ☐ guaranteed investment (4) ☐ other ▶	•			
	b	Bala	ance at the end of the previous year			7b	
	С	Add	litions: (1) Contributions deposited during the year	7c(1)			
		(2) [	Dividends and credits	7c(2)			
		(3) I	nterest credited during the year				
		` '	Transferred from separate account	7c(4)			
		(5) (	Other (specify below)	7c(5)			
		•					
		(6)T	otal additions			7c(6)	
	d	Total	of balance and additions (add lines 7b and 7c(6))			7d	
	е	Dedu	uctions:				
		(1) D	Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) A	dministration charge made by carrier	7e(2)			
		(3) T	ransferred to separate account	7e(3)			
		(4) C	Other (specify below)	7e(4)			
		•					
		(5) T	otal deductions			7e(5)	
	f	` '	ence at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )			7f	

Part III  Welfare Benefit Contract Information  If more than one contract covers the same group of employees of th the information may be combined for reporting purposes if such cont employees, the entire group of such individual contracts with each c	racts are experience-rated as a unit	. Where contracts cover individual
8 Benefit and contract type (check all applicable boxes)		
a X Health (other than dental or vision) b ☐ Dental	<b>c</b>	<b>d</b> Life insurance
e ☐ Temporary disability (accident and sickness) f ☐ Long-term disability	ty <b>g</b> Supplemental unemp	oloyment <b>h</b> Prescription drug
i ☐ Stop loss (large deductible) j ☒ HMO contract	k ☐ PPO contract	I  Indemnity contract
	K Tro contract	I I machinity contract
m ☐ Other (specify) ▶		
9 Experience-rated contracts:		
a Premiums: (1) Amount received	9a(1)	
(2) Increase (decrease) in amount due but unpaid	9a(2)	<del></del>
(3) Increase (decrease) in unearned premium reserve	9a(3)	
(4) Earned ((1) + (2) - (3))	\ /	9a(4)
<b>b</b> Benefit charges (1) Claims paid	9b(1)	
(2) Increase (decrease) in claim reserves	21 (2)	
(3) Incurred claims (add <b>(1)</b> and <b>(2)</b> )		9b(3)
(4) Claims charged		9b(4)
c Remainder of premium: (1) Retention charges (on an accrual basis)		
(A) Commissions	9c(1)(A)	
(B) Administrative service or other fees	9c(1)(B)	
(C) Other specific acquisition costs	9c(1)(C)	
(D) Other expenses	9c(1)(D)	
(E) Taxes	9c(1)(E)	
(F) Charges for risks or other contingencies	- ////->	
(G) Other retention charges		0.747410
(H) Total retention		9c(1)(H)
(2) Dividends or retroactive rate refunds. (These amounts were paid in		9c(2)
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide		9d(1)
(2) Claim reserves		9d(2)
(3) Other reserves		9d(3)
Dividends or retroactive rate refunds due. (Do not include amount entered	d in line 9c(2).)	9e
10 Nonexperience-rated contracts:		400
a Total premiums or subscription charges paid to carrier		<b>10a</b> 1334298
<b>b</b> If the carrier, service, or other organization incurred any specific costs in cretention of the contract or policy, other than reported in Part I, line 2 above		10b
Specify nature of costs.	re, report amount	100
Part IV Provision of Information		
11 Did the insurance company fail to provide any information necessary to comp	lete Schedule A?	Yes X No
12 If the answer to line 11 is "Yes," specify the information not provided.		ш
i and anower to line it is les, specify the information not provided.		

Department of the Treasury Internal Revenue Service

Department of Labor

## **Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

OMB No. 1210-0110

Employee Benefits Security Administration File as an attachment to			ttacnment to Form 55	nment to Form 5500.					
Pension Benefit Guaranty Co	orporation		nies are required to provide the information nt to ERISA section 103(a)(2).				This Form is Open to Public Inspection		
For calendar plan year 20	21 or fiscal plar	n year beginning 01/01/2021		and er	nding 12/3	1/2021			
A Name of plan JONES LANG LASALLE	GROUP BENE	FITS PLAN			ee-digit n number (PN	J) •	Ę	501	
C Plan sponsor's name a				-	oyer Identifica	ation Numb	oer (El	N)	
JONES LANG LASALLE	AMERICAS, IN	IC.		36	-4160760				
		ning Insurance Contract  Individual contracts grouped as							
1 Coverage Information:									
(a) Name of insurance ca	rrier								
KAISER FOUNDATION HI	EALTH PLAN (	OF HAWAII							
	(c) NAIC	(d) Contract or	(e) Approximate nu	umber of		Policy of	or cont	ract year	
<b>(b)</b> EIN	code	identification number	persons covered a policy or contrac		(f)	From		<b>(g)</b> To	
94-1340523	60053	5900	57		01/01/2021	01/01/2021		12/31/2021	
2 Insurance fee and com descending order of the		ation. Enter the total fees and tota	Il commissions paid. L	ist in line 3	the agents,	brokers, ar	nd othe	er persons in	
(a) Total amount of commissions paid (b) Total amount of fees paid									
		0						0	
3 Persons receiving com		ees. (Complete as many entries							
	(a) Name a	and address of the agent, broker,	or other person to who	m commiss	sions or fees	were paid			
(b) Amount of sales ar	nd hase	Fee	s and other commission	ns paid					
commissions pa		(c) Amount		(d) Purpos	se		$\Box$	(e) Organization code	
	(a) Name a	and address of the agent, broker,	or other person to who	m commiss	sions or fees	were paid			
(b) Amount of sales ar	nd base	Fee	s and other commission	ns paid					
commissions pa		(c) Amount		(d) Purpose			-	(e) Organization code	
For Panerwork Reduction	n Act Notice	see the Instructions for Form 5	500.			Sc	hedu	e A (Form 5500) 2021	

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Schedule A (Form 5500)	2021	Page <b>2</b> – 1	
(a) Na	me and address of the agent, broke	er, or other person to whom commissions or fees were paid	
	·		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broke	er, or other person to whom commissions or fees were paid	•
	<b>V</b>		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broke	er, or other person to whom commissions or fees were paid	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broke	er, or other person to whom commissions or fees were paid	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
	me and address of the agent, broke	er, or other person to whom commissions or fees were paid	
(1) A		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code

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Schedule A (Form 5500) 2021

Part II		II	<b>Investment and Annuity Contract Information</b> Where individual contracts are provided, the entire group of such indivi	idual contra	acts with each carrier may	be treated	d as a unit for purposes of		
4		this report.							
			alue of plan's interest under this contract in the general account at year		<u>4</u> 5				
_			alue of plan's interest under this contract in separate accounts at year e		3				
О			With Allocated Funds:						
	а	Stat	e the basis of premium rates						
	b	Dro	niuma naid ta carriar			6b			
	_		niums paid to carrierniums due but unpaid at the end of the year			6c			
	c d		e carrier, service, or other organization incurred any specific costs in co						
	u		ntion of the contract or policy, enter amount			6d			
			cify nature of costs			<u> </u>			
		•	•						
	е	ανΤ	e of contract: (1)  individual policies (2)  group deferred	d annuity					
		(3)		,					
		(3)	United (specify)						
	£	.,							
_	f		ontract purchased, in whole or in part, to distribute benefits from a termin				_		
7	Con		With Unallocated Funds (Do not include portions of these contracts ma						
	а	Тур	e of contract: (1) deposit administration (2) immedia		ation guarantee				
			(3) ☐ guaranteed investment (4) ☐ other ▶						
	b	Bala	ance at the end of the previous year			7b			
	С	Add	itions: (1) Contributions deposited during the year	7c(1)					
		(2) I	Dividends and credits	7c(2)					
		(3) I	nterest credited during the year						
		` '	Fransferred from separate account	7c(4)					
		(5)	Other (specify below)	7c(5)					
		•							
		(6)T	otal additions			7c(6)			
	d	Total	of balance and additions (add lines 7b and 7c(6))			7d			
	е	Dedu	actions:						
		(1)	hisbursed from fund to pay benefits or purchase annuities during year	7e(1)					
		(2) A	dministration charge made by carrier	7e(2)					
		(3) T	ransferred to separate account	7e(3)					
		(4) C	Other (specify below)	7e(4)					
		•							
		(5) T	otal deductions			7e(5)			
	f	` '	nnce at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )			7f			

Part III	Welfare Benefit Contract Informalif more than one contract covers the same the information may be combined for report employees, the entire group of such individuals.	group of employees of the	tracts are	expe	rience-rated as a uni	t. Where co	ontracts cover individual	
8 Benefit a	nd contract type (check all applicable boxes)				·	·	·	
_	ealth (other than dental or vision)	<b>b</b> Dental		٦ ٦	Vision		<b>d</b> Life insurance	
		블		ш				
<b>e</b> ∐ Te	mporary disability (accident and sickness)	f Long-term disabil			Supplemental unem	ployment	h X Prescription drug	
i Sto	op loss (large deductible)	j X HMO contract		k 📗	PPO contract		I Indemnity contract	
<b>m</b> Ot	her (specify)							
<b>9</b> Experience	ce-rated contracts:							
<b>a</b> Prem	iums: (1) Amount received		9a(1)					
(2) Ir	ncrease (decrease) in amount due but unpai	t	9a(2)					
(3) Ir	ncrease (decrease) in unearned premium res	serve	9a(3)			_		
(4) E	arned ((1) + (2) - (3))					. 9a(4)		
<b>b</b> Ben	efit charges (1) Claims paid							
` ,	ncrease (decrease) in claim reserves							
` '	ncurred claims (add <b>(1)</b> and <b>(2)</b> )					9b(3)		
` ,	Claims charged					9b(4)		
	nainder of premium: (1) Retention charges (c	,	0 (1)(1					
	(A) Commissions		9c(1)(A					
	(B) Administrative service or other fees		9c(1)(E					
	(C) Other specific acquisition costs		9c(1)(C					
	(D) Other expenses		9c(1)(E					
	(E) Charges for risks or other contingencies		0.74\/5					
	<ul><li>(F) Charges for risks or other contingencies.</li><li>(G) Other retention charges</li></ul>		- ////					
	(H) Total retention(H)					9c(1)(H)	1	
	Dividends or retroactive rate refunds. (These			_			/	
	us of policyholder reserves at end of year: (1	<u></u>		_		9c(2)		
	Claim reserves					9d(1) 9d(2)		
1.1.	Other reserves					9d(3)		
` '	dends or retroactive rate refunds due. (Do n					9e		
	erience-rated contracts:	ot morade amount officie	<u> </u>	<b>-(-)</b> .,	,	J 30		
•	al premiums or subscription charges paid to o	arrier				10a	259	9642
_	e carrier, service, or other organization incur							
	ntion of the contract or policy, other than rep					10b		
	ature of costs.	, , , , , , , , , , , , , , , , , , , ,	., .,				•	
Part IV	Provision of Information							
11 Did the	insurance company fail to provide any inform	nation necessary to comp	lete Sched	dule /	А?	Yes	X No	
	nswer to line 11 is "Yes," specify the informat				L_I		<u></u>	
- 11 tile al	iono. to into 11 to 100, opening the informati	ion not provided.						

Department of the Treasury Internal Revenue Service

Department of Labor

## **Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

#### File as an attachment to Form 5500.

OMB No. 1210-0110

Employee Benefits Security Ad	Iministration	F File as all a	illacililletti to Fortii 55	00.			
Pension Benefit Guaranty Corporation  Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).				This Form is Open to Public Inspection			
For calendar plan year 20	21 or fiscal pla	n year beginning 01/01/2021		and en	ding 12/3	1/2021	
A Name of plan JONES LANG LASALLE	GROUP BENI	EFITS PLAN			e-digit number (PN	1) 🕨	501
C Plan sponsor's name a JONES LANG LASALLE				-	yer Identifica 4160760	ation Numb	er (EIN)
		rning Insurance Contract					
1 Coverage Information:	<u> </u>	mamada oo mada giraapaa aa				omigio <b>c</b> onto	uu.o
(a) Name of insurance ca		OF COLORADO					
<b>(b)</b> EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate not persons covered a policy or contract	t end of	(f)	Policy o	r contract year  (g) To
84-0591617	95669	35639	211	t your	01/01/2021	1	12/31/2021
2 Insurance fee and com descending order of the		ation. Enter the total fees and total	al commissions paid. L	ist in line 3	the agents, I	brokers, and	d other persons in
(a) Total	amount of com			<b>(b)</b> To	otal amount o	of fees paid	
		0					0
3 Persons receiving com		ees. (Complete as many entries			. ,		
(b) Amount of sales a		and address of the agent, broker,	es and other commission		1010 01 1000	were paid	
commissions pa		(c) Amount		(d) Purpose			(e) Organization code
	(a) Name a	and address of the agent, broker,	or other person to who	m commiss	ions or fees	were paid	
(b) Amount of sales a	nd base	Fee	s and other commission	ns paid			
commissions pa		(c) Amount		(d) Purpose	9		(e) Organization code
For Donomicoulo Do decido	on Aat Nation	and the Instructions for Form F	500			0-1	hadula A (Form 5500) 2021

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Schedule A (Form 5500) 2	2021	Page <b>2 –</b> 1	Page <b>2</b> – 1				
(a) Nar	me and address of the agent, broker	, or other person to whom commissions or fees were paid					
(a) rea	The and address of the agont, broken	, or other percent to whom commissions or rocc were paid					
		Fees and other commissions paid	(e)				
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization				
commissions paid	(c) Amount	(a) i uipose	code				
(a) Nar	me and address of the agent, broker	, or other person to whom commissions or fees were paid					
. ,	<i>3</i> ,	,					
		English and other constraints and the	(-)				
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization				
commissions paid	(c) Amount	(d) Purpose	code				
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid							
(a) Hai	no and dadross of the agont, stoker	, or other percent to wheth commissions or rocc were part					
		Fees and other commissions paid	(e)				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code				
commissions para							
(a) Nar	me and address of the agent, broker	, or other person to whom commissions or fees were paid					
	<del>,</del>						
(b) Amount of sales and base		Fees and other commissions paid	<b>(e)</b> Organization				
commissions paid	(c) Amount	(d) Purpose	code				
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid					
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization				
commissions paid	(c) Amount	(d) Purpose	code				

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Schedule A (Form 5500) 2021

ı	Part		and Annuity Contract Information				
		Where individu this report.	al contracts are provided, the entire group of such indiv	ridual contra	cts with each carrier may	be treated	I as a unit for purposes of
4	Curr		erest under this contract in the general account at year	end		4	
5			erest under this contract in separate accounts at year e			5	
6		racts With Allocated I					
	а	State the basis of pro					
	b	Premiums paid to ca	rrier			6b	
	С	Premiums due but u	npaid at the end of the year			6c	
	d		, or other organization incurred any specific costs in co act or policy, enter amount			6d	
		Specify nature of cos	ets 🕨				
	е	Type of contract: (1	) individual policies (2) group deferre	d annuity			
		(3) other (specif	v) <b>•</b>				
		(1)	,,				
	f	If contract nurchased	d, in whole or in part, to distribute benefits from a termin	nating plan	check here		
7		· · · · · · · · · · · · · · · · · · ·	d Funds (Do not include portions of these contracts ma				
•	a	Type of contract:	_ ` _ `		tion guarantee		
	u	Type of contract.	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		non guarantos		
			(3) guaranteed investment (4) other				
	<b>L</b>	Dalaman at the seed of	Cities and device and			76	
	b C		of the previous year	- (4)		7b	
	C	` '	butions deposited during the yearedits	7c(1)			
		` '	during the year	7c(3)			
		` ,	separate account	7c(4)			
		` '	low)	7c(5)			
		•	~,,	(- )			
		(6)Total additions				7c(6)	
	Ч	` '	additions (add lines <b>7b</b> and <b>7c(6)</b> )			70(0) 7d	
		Deductions:	additions (add lines 15 and 16(0)).	Γ		74	
			nd to pay benefits or purchase annuities during year	7e(1)			
		. ,	arge made by carrier	7e(2)			
		` '	parate account	- (-)			
		` '	ow)	_ ;;			
		<b>)</b>	•	, ,			
		(E) Total doductions				7e(5)	
	f	` '	f the current year (cultivact line 7a/5) from line 7d			7e(3)	

Part III	Welfare Benefit Contract Inform. If more than one contract covers the same the information may be combined for repor employees, the entire group of such individual.	group of employees of the	tracts are	expe	rience-rated as a unit.	Where co	ontracts cover individual
<b>Ω</b> Popofit o	and contract type (check all applicable boxes)		arrior may		roatou do a dinicion pui	.poooo o. t	THE TOPOTAL
_	, , , , , , , , , , , , , , , , , , , ,			_ [	\ (' '		a□
а <u>×</u> н	ealth (other than dental or vision)	<b>b</b> Dental		므	Vision		d Life insurance
e Te	emporary disability (accident and sickness)	f Long-term disabil	ity (	g 📙	Supplemental unemp	loyment	<b>h</b> X Prescription drug
i St	op loss (large deductible)	j X HMO contract	I	k 🗌	PPO contract		I Indemnity contract
m∏o	ther (specify)	_					_
🗀 🖣	iner (epeciny)						
9 Experien	ce-rated contracts:						
•	niums: (1) Amount received		9a(1)				
	ncrease (decrease) in amount due but unpai		9a(2)				
	ncrease (decrease) in unearned premium res						
٠,	Earned ((1) + (2) - (3))					9a(4)	
	nefit charges (1) Claims paid					<b>σα</b> (+)	
	ncrease (decrease) in claim reserves						
` '	ncurred claims (add (1) and (2))					9b(3)	
` ,	Claims charged				t t	9b(4)	
` ,	mainder of premium: (1) Retention charges (c				[	05(4)	
	(A) Commissions	,	9c(1)(A	77			
	(B) Administrative service or other fees		9c(1)(E				
	(C) Other specific acquisition costs		9c(1)(0				
	(D) Other expenses		9c(1)(E				
	(E) Taxes		9c(1)(E				
	(F) Charges for risks or other contingencies		9c(1)(F				
	(G) Other retention charges						
	(H) Total retention					9c(1)(H)	
	Dividends or retroactive rate refunds. (These				F	9c(2)	
	tus of policyholder reserves at end of year: (1			_	F	9d(1)	
	Claim reserves	•			F	9d(2)	
1.1	Other reserves				T T	9d(3)	
( )	idends or retroactive rate refunds due. (Do n				F	9e	
	perience-rated contracts:	iot inolado allodin olhoro		- <u>( – ) · ,</u>	,		
	al premiums or subscription charges paid to	carrier				10a	943255
_	e carrier, service, or other organization incur				ħ		
rete	ention of the contract or policy, other than rep	orted in Part I. line 2 abo	ve. report a	ı wıtı amoı	unt	10b	
	nature of costs.	, , , , , , , , , , , , , , , , , , , ,	-, -, -				
Dest N/	Dunyinian of Information						
Part IV	Provision of Information						
11 Did the	insurance company fail to provide any inform	nation necessary to comp	olete Sched	dule	A?	Yes	X No
12 If the a	nswer to line 11 is "Yes," specify the informat	tion not provided.					

Department of the Treasury Internal Revenue Service

## **Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

OMB No. 1210-0110

Employee Benefits Security Administration  File as an attachment to Form 5500.								
Pension Benefit Guaranty Corporation  Insurance companies are required to provide to pursuant to ERISA section 103(a)(2)				n	This Fo	orm is Open to Public Inspection		
For calendar plan year 2	2021 or fiscal plar	n year beginning 01/01/2021		and ending 12/31/2021				
A Name of plan				<b>B</b> Three-c	digit			
JONES LANG LASALL	LE GROUP BENE	FITS PLAN		plan nu	ımber (PN	<b>1</b> ) •	501	
C Plan sponsor's name	e as shown on lin	e 2a of Form 5500		<b>D</b> Employe	r Identific	ation Number	· (EIN)	
JONES LANG LASALLE AMERICAS, INC. 36-4160760						,		
		rning Insurance Contract . Individual contracts grouped as						
1 Coverage Information	n:							
(a) Name of insurance KAISER FOUNDATION		DF GEORGIA						
(b) EINI	(c) NAIC	(d) Contract or	(e) Approximate nu			Policy or	contract year	
(b) EIN	code	identification number	persons covered a policy or contrac		(f)	From	<b>(g)</b> To	
58-1592076	96237 10213 535		0	1/01/202	1	12/31/2021		
2 Insurance fee and co descending order of t		ation. Enter the total fees and tot	al commissions paid. L	ist in line 3 the	e agents,	brokers, and	other persons in	
<b>(a)</b> Tota	al amount of comi	missions paid		(b) Total	l amount o	of fees paid		
		0					0	
3 Persons receiving co	ommissions and fe	ees. (Complete as many entries	as needed to report all	persons).				
	(a) Name a	and address of the agent, broker,	or other person to who	m commission	ns or fees	were paid		
(b) Amount of sales			es and other commission					
commissions	paid	(c) Amount		(d) Purpose			(e) Organization code	
	(a) Name a	and address of the agent, broker,	or other person to who	m commission	ns or fees	were paid		
	.,		·			·		
(b) Amount of sales	and hase	Fee	es and other commission	ns paid				
commissions		(c) Amount		(d) Purpose		_	(e) Organization code	
,				, , , , , , , , , , , , , , , , , , , ,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Fan Banamuani, Badua	tion Act Notice	see the Instructions for Form F	5500			Cab	dula A (Farm FEOO) 2024	

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Schedule A (Form 5500) 2	2021	Page <b>2</b> – 1			
(a) Nar	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
(4)	ne and address of the agent, stetter	, or other percent to wheth commissions or roce were paid			
		Fees and other commissions paid	(e)		
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code		
(a) Nar	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
			(e)		
(b) Amount of sales and base					
commissions paid	(c) Amount	(d) Purpose	Organization code		
(a) Nar	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
(le) Assessment of a large and large		Fees and other commissions paid	(e)		
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code		

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(c) Amount

**(b)** Amount of sales and base commissions paid

Fees and other commissions paid

(d) Purpose

(e) Organization code Case: 2:24-cv-01519-EAS-CMV Doc #: 12-2 Filed: 04/29/24 Page: 26 of 58 PAGEID #: 1061

Schedule A (Form 5500) 2021

F	Part I				
		Where individual contracts are provided, the entire group of such indivithis report.	dual contracts with e	ach carrier may be treated as a ur	nit for purposes of
4	Curre	ent value of plan's interest under this contract in the general account at year	end	4	
_		ent value of plan's interest under this contract in separate accounts at year en			
_		racts With Allocated Funds:		1	
	а	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in cor	nnection with the acq	uisition or 6d	
		retention of the contract or policy, enter amount			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check he	re 🕨 🗌	
7	Conti	racts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate	accounts)	
	а	_ `	te participation guara		
		(3) ☐ guaranteed investment (4) ☐ other ▶			
		(e) [] gastaneou missanen (i) [] tarisi v			
	b	Balance at the end of the previous year		7b	
	C	Additions: (1) Contributions deposited during the year	7c(1)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		<b>•</b>			
		(6)Total additions		7c(6)	
	d ·	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> )			
	<b>e</b> [	Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)		
		•			
		(5) Total deductions		7e(5)	
		Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )			

Part III  Welfare Benefit Contract Information  If more than one contract covers the same group of employees of the the information may be combined for reporting purposes if such contemployees, the entire group of such individual contracts with each contemployees.	racts are experience-rated as a uni	t. Where contracts cover individual
8 Benefit and contract type (check all applicable boxes)		
a X Health (other than dental or vision) b ☐ Dental	<b>c</b> Vision	<b>d</b> Life insurance
e ☐ Temporary disability (accident and sickness) f ☐ Long-term disability	ty <b>g</b> Supplemental unem	ployment <b>h</b> X Prescription drug
i ☐ Stop loss (large deductible) j ☒ HMO contract	k ☐ PPO contract	I ☐ Indemnity contract
m ☐ Other (specify) ▶		
9 Experience-rated contracts:		
a Premiums: (1) Amount received	9a(1)	
(2) Increase (decrease) in amount due but unpaid	9a(2)	
(3) Increase (decrease) in unearned premium reserve	9a(3)	<del></del>
(4) Earned ((1) + (2) - (3))		9a(4)
<b>b</b> Benefit charges (1) Claims paid	9b(1)	1 00(1)
(2) Increase (decrease) in claim reserves	21 (2)	
(3) Incurred claims (add <b>(1)</b> and <b>(2)</b> )		9b(3)
(4) Claims charged		9b(4)
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis)		
(A) Commissions	9c(1)(A)	
(B) Administrative service or other fees	9c(1)(B)	
(C) Other specific acquisition costs	9c(1)(C)	
(D) Other expenses	9c(1)(D)	
(E) Taxes	9c(1)(E)	
(F) Charges for risks or other contingencies	9c(1)(F)	
(G) Other retention charges	9c(1)(G)	
(H) Total retention		9c(1)(H)
(2) Dividends or retroactive rate refunds. (These amounts were paid in	n cash, or credited.)	9c(2)
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide	benefits after retirement	9d(1)
(2) Claim reserves		9d(2)
(3) Other reserves		9d(3)
e Dividends or retroactive rate refunds due. (Do not include amount entered	d in line <b>9c(2)</b> .)	9e
10 Nonexperience-rated contracts:		
Total premiums or subscription charges paid to carrier		<b>10a</b> 2170761
<b>b</b> If the carrier, service, or other organization incurred any specific costs in o		
retention of the contract or policy, other than reported in Part I, line 2 above	e, report amount	10b
Specify nature of costs.		
Part IV Provision of Information		
11 Did the insurance company fail to provide any information necessary to comp	lete Schedule A?	Yes X No
12 If the answer to line 11 is "Yes," specify the information not provided.		
•		

Department of the Treasury Internal Revenue Service

## **Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

OMB No. 1210-0110

Department of Labo Employee Benefits Security Ad		File as an	attachment to Form 55	00.			
Pension Benefit Guaranty Corporation  Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).				This For	This Form is Open to Public Inspection		
For calendar plan year 20	21 or fiscal plan	n year beginning 01/01/2021		and en	ding 12/3	1/2021	
A Name of plan				<b>B</b> Three	e-digit		
JONES LANG LASALLE	GROUP BENE	FITS PLAN	plar			<b>1</b> )	501
C Plan sponsor's name a	as shown on line	e 2a of Form 5500		<b>D</b> Emplo	yer Identific	ation Number	(EIN)
JONES LANG LASALLE	AMERICAS, IN	IC.		36-4	4160760		
		ning Insurance Contrac Individual contracts grouped a					
1 Coverage Information:							
(a) Name of insurance ca		ION					
		1	(a) Approximate a	umbar of		Doliny or or	ontract year
(b) EIN	(c) NAIC	(d) Contract or identification number	. ,	(e) Approximate number of persons covered at end of		•	j
	code	identification number	policy or contrac	t year	(1)	From	<b>(g)</b> To
99-0040115	49948	23370	82		01/01/202	1	12/31/2021
2 Insurance fee and com descending order of the		ation. Enter the total fees and to	tal commissions paid. L	ist in line 3	the agents,	brokers, and o	ther persons in
(a) Total	amount of comr	missions paid		<b>(b)</b> To	tal amount	of fees paid	
		0					0
3 Persons receiving com	missions and fe	ees. (Complete as many entries	s as needed to report all	persons).			
	(a) Name a	and address of the agent, broker	, or other person to who	m commissi	ons or fees	were paid	
(b) Amount of color of	and become	Fe	es and other commission	ns paid			]
(b) Amount of sales and commissions page		(c) Amount		(d) Purpose			(e) Organization code
	(a) Name a	and address of the agent, broker	or other person to who	m commissi	ons or fees	were paid	
		<b>J</b>	, ,				
<b>(b)</b> Amount of sales a	nd hase	Fe	es and other commission	ns paid			
commissions pa		(c) Amount		(d) Purpose	9		(e) Organization code
For Panerwork Reduction	n Act Notice	see the Instructions for Form	5500			Scher	dule A (Form 5500) 2021

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( ) ) )			
( <b>a)</b> Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(b) Amount of sales and base		Fees and other commissions paid	(e)
commissions paid	(c) Amount	(d) Purpose	Organization code
<b>(a)</b> Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	<u> </u>		(2)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(b) Amount of calca and base		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(a) wa	and again, sional	, 1. 1 , 5	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

Fees and other commissions paid

(d) Purpose

**(e)** Organization code

(c) Amount

**(b)** Amount of sales and base commissions paid

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Schedule A (Form 5500) 2021

Part II		II	<b>Investment and Annuity Contract Information</b> Where individual contracts are provided, the entire group of such indivi	idual contra	acts with each carrier may	be treated	d as a unit for purposes of
4			this report.			4	
			alue of plan's interest under this contract in the general account at year		<u>4</u> 5		
_			alue of plan's interest under this contract in separate accounts at year e		3		
О			With Allocated Funds:				
	а	Stat	e the basis of premium rates				
	b	Dro	niuma naid ta carriar			6b	
	_		niums paid to carrierniums due but unpaid at the end of the year			6c	
	c d		e carrier, service, or other organization incurred any specific costs in co				
	u		ntion of the contract or policy, enter amount			6d	
			cify nature of costs			<u>u</u>	
		•	•				
	е	ανΤ	e of contract: (1)  individual policies (2)  group deferred	d annuity			
		(3)		,			
		(3)	United (specify)				
	£	.,					
_	f		ontract purchased, in whole or in part, to distribute benefits from a termin				_
7	Con		With Unallocated Funds (Do not include portions of these contracts ma				
	а	Тур	e of contract: (1) deposit administration (2) immedia		ation guarantee		
			(3) ☐ guaranteed investment (4) ☐ other ▶				
	b	Bala	ance at the end of the previous year			7b	
	С	Add	itions: (1) Contributions deposited during the year	7c(1)			
		(2) I	Dividends and credits	7c(2)			
		(3) I	nterest credited during the year				
		` '	Fransferred from separate account	7c(4)			
		(5)	Other (specify below)	7c(5)			
		•					
		(6)T	otal additions			7c(6)	
	d	Total	of balance and additions (add lines 7b and 7c(6))			7d	
	е	Dedu	actions:				
		(1)	hisbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) A	dministration charge made by carrier	7e(2)			
		(3) T	ransferred to separate account	7e(3)			
		(4) C	Other (specify below)	7e(4)			
		•					
		(5) T	otal deductions			7e(5)	
	f	` '	nnce at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )			7f	

Pa	rt III	Welfare Benefit Contract Informa					46	
		If more than one contract covers the same the information may be combined for report	group of employees of th ina purposes if such con	racts are	expe	erience-rated as a uni	ine same e it. Where co	ontracts cover individual
		employees, the entire group of such individ						
<b>8</b> E	Benefit a	nd contract type (check all applicable boxes)						
á	a 🛚 He	ealth (other than dental or vision)	<b>b</b> Dental		С	Vision		<b>d</b> Life insurance
•	<b>e</b>	emporary disability (accident and sickness)	f Long-term disabili	ty	g	Supplemental unem	ployment	h X Prescription drug
i	i 🗍 St	op loss (large deductible)	j HMO contract		_	PPO contract		I Indemnity contract
		ther (specify)	· L		<u></u>			
•		uner (specify)						
9 F	ynerien	ce-rated contracts:						
	•	niums: (1) Amount received		9a(1	١ .			
		ncrease (decrease) in amount due but unpaid						
		ncrease (decrease) in unearned premium res		<del></del>	•			
	` '	Earned ((1) + (2) - (3))					9a(4)	
	_	nefit charges (1) Claims paid						
		ncrease (decrease) in claim reserves						
		ncurred claims (add (1) and (2))					9b(3)	
	` '	Claims charged					9b(4)	
	C Rer	nainder of premium: (1) Retention charges (o	n an accrual basis)					
		(A) Commissions	······································	9c(1)(	A)			
		(B) Administrative service or other fees		9c(1)(				
		(C) Other specific acquisition costs		9c(1)(	C)			
		(D) Other expenses		9c(1)(	D)			
		(E) Taxes		9c(1)(	E)			
		(F) Charges for risks or other contingencies .		9c(1)(				
		(G) Other retention charges		9c(1)(	G)			
		(H) Total retention					9c(1)(H)	)
	(2)	Dividends or retroactive rate refunds. (These	amounts were paid in	n cash, o	r 🗌 c	credited.)	9c(2)	
	<b>d</b> Stat	tus of policyholder reserves at end of year: (1	) Amount held to provide	benefits	after	retirement	9d(1)	
	(2)	Claim reserves					9d(2)	
	(3)	Other reserves					9d(3)	
	<b>e</b> Divi	dends or retroactive rate refunds due. (Do no	ot include amount entere	d in line <b>9</b>	c(2).	)	9e	
10	Nonexp	perience-rated contracts:						
	<b>a</b> Tota	al premiums or subscription charges paid to c	arrier				10a	608706
	<b>b</b> If th	e carrier, service, or other organization incurr	ed any specific costs in o	connectio	n with	n the acquisition or		
,	rete	ention of the contract or policy, other than repo	orted in Part I, line 2 abov	e, report	amo	unt	10b	
3	эреспу г	nature of costs.						
Pa	rt IV	Provision of Information						
11	Did the	insurance company fail to provide any inform	ation necessary to comp	lete Sche	edule	A?	Yes	X No
12	If the a	nswer to line 11 is "Yes," specify the informati	on not provided.					

Department of the Treasury Internal Revenue Service

## **Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

OMB No. 1210-0110

Department of Labor Employee Benefits Security Administration  File as an attachment to Form 5500.							
Pension Benefit Guaranty Corporation  Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).					This Fo	his Form is Open to Public Inspection	
For calendar plan year 20	21 or fiscal plar	n year beginning 01/01/2021		and en	ding 12/3	1/2021	
A Name of plan JONES LANG LASALLE	GROUP BENE	FITS PLAN			e-digit number (PN	N) <b>•</b>	501
C Plan sponsor's name a JONES LANG LASALLE					yer Identific 4160760	ation Number	(EIN)
	Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.						
1 Coverage Information:							
(a) Name of insurance ca							
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate no persons covered a			•	contract year
(0) =	code	identification number	policy or contract		(f)	From	<b>(g)</b> To
06-6033492	60054	620552	46 01/01/202		01/01/202	1	12/31/2021
2 Insurance fee and com descending order of the		ation. Enter the total fees and tot	al commissions paid. L	ist in line 3	the agents,	brokers, and	other persons in
<u> </u>	amount of comr	missions paid		<b>(b)</b> To	otal amount	of fees paid	
		0					5198
3 Persons receiving com	missions and fe	ees. (Complete as many entries	as needed to report all	persons).			
	(a) Name a	and address of the agent, broker,	or other person to who	m commiss	ions or fees	were paid	
WILLIS TOWERS WATSO	ON US LLC		BOX 28852 YORK, NY 10087				
(b) Amount of sales a	nd hase	Fee	es and other commissio	ns paid			
commissions pa		(c) Amount		(d) Purpos	е		(e) Organization code
	0	5198 P	PP 1Q21, 2Q21, 3Q21	BONUS			3
	(a) Name a	and address of the agent, broker,	or other person to who	m commiss	ions or fees	were paid	
(b) Amount of sales a	nd base	Fee	es and other commissio	ns paid		-	
commissions pa		(c) Amount		(d) Purpose	е		(e) Organization code
For Paperwork Reduction	n Act Notice.	see the Instructions for Form 5	5500.			Sche	dule A (Form 5500) 2021

		_	
Schedule A (Form 5500)	2021	Page <b>2 –</b> 1	
(a) Na	me and address of the agent, broker	or other person to whom commissions or fees were paid	
(u) Ha	no and address of the agent, protest,	s other percent to whom commissions of rece were para	
	F	ees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code

		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions paid			3000
<b>(a)</b> Nar	ne and address of the agent, br	oker, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Nar	ne and address of the agent, br	oker, or other person to whom commissions or fees were paid	
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid  (d) Purpose	(e) Organization code
(a) Nar	ne and address of the agent, br	oker, or other person to whom commissions or fees were paid	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Nar	ne and address of the agent, br	oker, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base		i cos and other commissions paid	Organization

Fe	(e)	
(c) Amount	(d) Purpose	Organization code
	(c) Amount	(c) Amount (d) Purpose

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Schedule A (Form 5500) 2021

ı	Part	II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indiv	idual contra	acts with each carrier may	be treated	d as a unit for purposes of
			this report.				
			alue of plan's interest under this contract in the general account at year			4	
_			alue of plan's interest under this contract in separate accounts at year e		5		
ь	Contracts With Allocated Funds:						
	а	a State the basis of premium rates					
	<b>L</b>	D				Ch	
	b		miums paid to carrier			6b	
	۲ C		miums due but unpaid at the end of the year			6c	
	d		e carrier, service, or other organization incurred any specific costs in contion of the contract or policy, enter amount			6d	
			cify nature of costs			l I	
			<b>,</b>				
	е	Type	e of contract: (1) individual policies (2) group deferred	d annuity			
				a armany			
		(3)	other (specify)				
_	f		ontract purchased, in whole or in part, to distribute benefits from a termin	• • •			
7	Con	tracts	With Unallocated Funds (Do not include portions of these contracts ma				
	а	Тур	e of contract: (1) deposit administration (2) deposit administration		ation guarantee		
			(3) ☐ guaranteed investment (4) ☐ other ▶	•			
	b	Bala	ance at the end of the previous year			7b	
	С	Add	litions: (1) Contributions deposited during the year	7c(1)			
		(2) [	Dividends and credits	7c(2)			
		(3) I	nterest credited during the year				
		` '	Transferred from separate account	7c(4)			
		(5) (	Other (specify below)	7c(5)			
		•					
		(6)T	otal additions			7c(6)	
	d	Total	of balance and additions (add lines 7b and 7c(6))			7d	
	е	Dedu	uctions:				
		(1) D	Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) A	dministration charge made by carrier	7e(2)			
		(3) T	ransferred to separate account	7e(3)			
		(4) C	Other (specify below)	7e(4)			
		•					
		(5) T	otal deductions			7e(5)	
	f	` '	ence at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )			7f	

									_
P	Part III						46		
		If more than one contract covers the same the information may be combined for report							
		employees, the entire group of such individ							
8	Benef	it and contract type (check all applicable boxes)							
	a X	Health (other than dental or vision)	<b>b</b> X Dental		С	Vision		<b>d</b> X Life insurance	
	е	Temporary disability (accident and sickness)	f Long-term disabili	ity	g	Supplemental unem	ployment	h X Prescription drug	
	i∏	Stop loss (large deductible)	j HMO contract		k 🗌	PPO contract		Indemnity contract	
	m X	Other (specify) ACCIDENTAL DEATH AND	DISMEMBERMENT			•			
	•••	ACCIDENTAL BEATTIANE	DIGINIEINIDEIXINEIT						
9	Experi	ence-rated contracts:							
	•	remiums: (1) Amount received		9a(1	)				
	(2	2) Increase (decrease) in amount due but unpaid	l						
		3) Increase (decrease) in unearned premium res			)				
	(4	4) Earned ((1) + (2) - (3))					. 9a(4)		
	_	Benefit charges (1) Claims paid							
	(2	2) Increase (decrease) in claim reserves		9b(2	)				
		3) Incurred claims (add <b>(1)</b> and <b>(2)</b> )					9b(3)		
	(4	4) Claims charged					9b(4)		
	<b>C</b> F	Remainder of premium: (1) Retention charges (o	n an accrual basis)						
		(A) Commissions		9c(1)(	A)				
		(B) Administrative service or other fees		9c(1)(	B)				
		(C) Other specific acquisition costs		9c(1)(	C)				
		(D) Other expenses		9c(1)(	D)				
		(E) Taxes		9c(1)(	E)				
		(F) Charges for risks or other contingencies .		9c(1)(	F)				
		(G) Other retention charges		9c(1)(	G)				
		(H) Total retention					9c(1)(H)	)	
	(	2) Dividends or retroactive rate refunds. (These	amounts were paid in	n cash, oi	rПd	credited.)	9c(2)		
		Status of policyholder reserves at end of year: (1					9d(1)		_
		2) Claim reserves					9d(2)		_
	,	3) Other reserves					9d(3)		_
	,	Dividends or retroactive rate refunds due. (Do no					9e		_
10		experience-rated contracts:	or morado amodrit oritoro	<u> </u>	, <del>, , , , , , , , , , , , , , , , , , </del>	.,			
		Fotal premiums or subscription charges paid to c	arrier				10a	30988	9
	_								Ť
	D I	f the carrier, service, or other organization incurretention of the contract or policy, other than repo	ed any specific costs in c orted in Part I. line 2 abov	e report	amo	n the acquisition of	10b		
	Speci	fy nature of costs.	, =	-,,					_
	\¢ !	Duranisian of heterocation							_
P	art IV	Provision of Information						——————————————————————————————————————	_
11	l Did t	the insurance company fail to provide any inform	ation necessary to comp	lete Sche	edule	A?	Yes	X No	
12	2 If the	e answer to line 11 is "Yes," specify the informati	on not provided.						

Department of the Treasury Internal Revenue Service

## **Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

OMB No. 1210-0110

Employee Benefits Security Administration  File as an attachment to Form 5500.							
Pension Benefit Guaranty Corporation  Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).			This For	This Form is Open to Public Inspection			
For calendar plan year 2	021 or fiscal plar	n year beginning 01/01/2021		and en	ding 12/3	1/2021	
A Name of plan				<b>B</b> Three	e-digit		
JONES LANG LASALLI	E GROUP BENE	FITS PLAN		plan	number (Pl	N) •	501
C Plan sponsor's name	as shown on line	e 2a of Form 5500		<b>D</b> Emplo	yer Identific	ation Number	(EIN)
JONES LANG LASALLE	E AMERICAS, IN	IC.		36-4	4160760		
Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.							
1 Coverage Information	:						
(a) Name of insurance of VISION SERVICE PLAN	arrier	I	(a) Approximate p	umbor of		Policy or o	ontract year
<b>(b)</b> EIN	(c) NAIC	(d) Contract or	(e) Approximate number of persons covered at end of		(0)	•	
	code	identification number	policy or contrac		(†)	From	<b>(g)</b> To
20-0891619	12516	12103209	13746 01/01/202		01/01/202	1	12/31/2021
2 Insurance fee and cor descending order of the		ation. Enter the total fees and tot	al commissions paid. L	ist in line 3	the agents,	brokers, and o	ther persons in
(a) Tota	amount of comr	missions paid		<b>(b)</b> To	tal amount	of fees paid	
		0					0
3 Persons receiving cor	mmissions and fe	ees. (Complete as many entries	as needed to report all	persons).			
		and address of the agent, broker,			ions or fees	were paid	
(h) Amount of color	d b	Fee	es and other commissio	ns paid			
(b) Amount of sales a commissions p		(c) Amount		(d) Purpose	9		(e) Organization code
		, ,		` '			
	(a) Name a	and address of the agent, broker,	or other person to who	m commissi	ions or fees	were paid	
	(a) Name a	ind address of the agent, broker,	or other person to who	m commissi	1013 OF 1003	were paid	
(b) Amount of sales a	and base	Fee	es and other commission	ns paid			
commissions p		(c) Amount		(d) Purpose	<del></del>		(e) Organization code
		, ,		. , 1			
For Donomicals Dodinati	on Act Nation	see the Instructions for Form 6	5500			Calaa	dulo A (Form FEOO) 2021

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Schedule A (Form 5500) 2	2021	Page <b>2 –</b> 1	
<b>(a)</b> Nai	me and address of the agent, broke	er, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
	me and address of the agent, broke	er, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(0)
(b) Amount of sales and base	(a) Amount	(d) Purpose	(e) Organization
commissions paid	(c) Amount	(u) Fulpose	code
<b>(a)</b> Nai	me and address of the agent, broke	er, or other person to whom commissions or fees were paid	
(In) Amount of a class and base		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Nai	me and address of the agent, broke	er, or other person to whom commissions or fees were paid	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Nai	me and address of the agent, broke	er, or other person to whom commissions or fees were paid	
,,			
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code

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Schedule A (Form 5500) 2021

F	Part I	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual	idual contracts with each carrier ma	ay be treated	as a unit for purposes of
_		this report.		1 4 1	
		ent value of plan's interest under this contract in the general account at year			
		ent value of plan's interest under this contract in separate accounts at year e	nd	5	
6		racts With Allocated Funds:			
	а	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
		If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount		6d	
		Specify nature of costs			
		Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) dther (specify)			
		If contract purchased, in whole or in part, to distribute benefits from a termination	<u> </u>		
7	Contr	racts With Unallocated Funds (Do not include portions of these contracts ma			
	а	Type of contract: (1) deposit administration (2) immedia	ate participation guarantee		
		(3) ☐ guaranteed investment (4) ☐ other ▶			
		_			
	b	Balance at the end of the previous year		7b	
	С	Additions: (1) Contributions deposited during the year	7c(1)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
			, , ,		
		(O)Tatal additions		70(6)	
	<b>ا</b> ا	(6)Total additions		7c(6) 7d	
		Fotal of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> )		/ u	
	-		7e(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(3)		
		(3) Transferred to separate account	7e(4)		
	,	4) Other (specify below)	70(4)		
		<b>7</b>			
		(5) Total deductions		7e(5)	
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	

P	In the information may be combined for reportion employees, the entire group of such individuals.	roup of employees of the	acts are ex	perience-rated as a u	nit. Where co	ontracts cover individual
8	Benefit and contract type (check all applicable boxes)					
	a Health (other than dental or vision)	<b>b</b> Dental	С	X Vision		<b>d</b> Life insurance
	e Temporary disability (accident and sickness)	f Long-term disabilit	v <b>a</b>	Supplemental une	mployment	h Prescription drug
	i Stop loss (large deductible)	j HMO contract		PPO contract	. ,	I  Indemnity contract
		, _ rime contract	-`			
	m ☐ Other (specify) ▶					
9	Experience-rated contracts:					
	a Premiums: (1) Amount received		9a(1)			
	(2) Increase (decrease) in amount due but unpaid		9a(2)			
	(3) Increase (decrease) in unearned premium rese		9a(3)			
	(4) Earned ((1) + (2) - (3))	-			9a(4)	
	<b>b</b> Benefit charges (1) Claims paid		9b(1)		, , ,	
	(2) Increase (decrease) in claim reserves		9b(2)			
	(3) Incurred claims (add (1) and (2))				. 9b(3)	
	(4) Claims charged				. 9b(4)	
	c Remainder of premium: (1) Retention charges (or	n an accrual basis)				
	(A) Commissions		9c(1)(A)			
	(B) Administrative service or other fees		9c(1)(B)			
	(C) Other specific acquisition costs		9c(1)(C)			
	(D) Other expenses		9c(1)(D)			
	(E) Taxes		9c(1)(E)			
	(F) Charges for risks or other contingencies	<b>1</b>	9c(1)(F)			
	(G) Other retention charges		9c(1)(G)			
	(H) Total retention	_				
	(2) Dividends or retroactive rate refunds. (These	ш :	1			
	<b>d</b> Status of policyholder reserves at end of year: (1)	Amount held to provide	benefits afte	er retirement	. 9d(1)	
	(2) Claim reserves					
	(3) Other reserves				_ ` '	
40	e Dividends or retroactive rate refunds due. (Do no	t include amount entered	in line 9c(2	<b>2)</b> .)	. <b>9e</b>	
10	Nonexperience-rated contracts:				40	0000500
	a Total premiums or subscription charges paid to ca				. 10a	2328533
	<b>b</b> If the carrier, service, or other organization incurrer retention of the contract or policy, other than repospecify nature of costs.				. 10b	
P	art IV Provision of Information			г	<b>—</b>	<u> </u>
11	Did the insurance company fail to provide any information	ation necessary to compl	ete Schedul	e A?	Yes	X No
12	If the answer to line 11 is "Yes," specify the information	on not provided.				

## **SCHEDULE A** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor

#### **Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

OMB No. 1210-0110

Employee Benefits Security Administration File as an attachment to Form 5500.							
Pension Benefit Guaranty Co	rporation		are required to provide to ERISA section 103(a)(2)		ion		m is Open to Public Inspection
For calendar plan year 202	21 or fiscal pla	n year beginning 01/01/2021		and en	ding 12/3	31/2021	
A Name of plan JONES LANG LASALLE	GROUP BENI	FFITS DI ANI		B Three	•	NI) N	501
JONES EANS EAGALLE	OROOF BEIN	LI TTO I LAIV		pian	number (Pl	N) F	001
C Plan sponsor's name a	s shown on lir	ne 2a of Form 5500		<b>D</b> Emplo	ver Identific	cation Number (	EIN)
JONES LANG LASALLE AMERICAS, INC. 36-4160760					,		
Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.							
1 Coverage Information:							
(a) Name of insurance ca							
	(c) NAIC	(d) Contract or	(e) Approximate nu	ımber of		Policy or co	ontract year
<b>(b)</b> EIN	code	identification number		persons covered at end of policy or contract year		From	<b>(g)</b> To
36-3739783	00000	1111	30625 01/0		01/01/202	1	12/31/2021
2 Insurance fee and coming descending order of the		ation. Enter the total fees and to	otal commissions paid. L	ist in line 3	the agents,	brokers, and of	ther persons in
(a) Total amount of commissions paid (b) Total amount of fees paid							
		0					0
3 Persons receiving com		ees. (Complete as many entrie					
	(a) Name	and address of the agent, broke	r, or other person to who	m commiss	ions or fees	were paid	
	,						
(b) Amount of sales ar	nd base		ees and other commission	ns paid			
commissions pai	id	(c) Amount		(d) Purpose	9		(e) Organization code
	(a) Name	and address of the agent, broke	r or other person to who	m commiss	ions or fees	were naid	
	(a) Name	and address of the agent, protes	n, or other person to who	11 0011111130	011001	, were paid	
(b) Amount of sales ar	nd base	Fe	ees and other commission	ns paid			
commissions pai		(c) Amount		(d) Purpose	9		(e) Organization code

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Schedule A (Form 5500) 2	2021	Page <b>2 –</b> 1				
<b>(a)</b> Nai	me and address of the agent, broker	r, or other person to whom commissions or fees were paid				
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization			
commissions paid	(c) Amount	(d) Purpose	code			
<b>(a)</b> Nai	me and address of the agent, broker	r, or other person to whom commissions or fees were paid				
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization			
commissions paid	(c) Amount	(d) Purpose	code			
<b>(a)</b> Nai	me and address of the agent, broker	r, or other person to whom commissions or fees were paid				
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization			
commissions paid	(c) Amount	(d) Purpose	code			
<b>(a)</b> Nai	me and address of the agent, broker	r, or other person to whom commissions or fees were paid				
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization			
commissions paid	(c) Amount	(d) Purpose	code			
	me and address of the agent, broker	r, or other person to whom commissions or fees were paid				

Fees and other commissions paid

(d) Purpose

(c) Amount

**(b)** Amount of sales and base commissions paid

(e) Organization code Case: 2:24-cv-01519-EAS-CMV Doc #: 12-2 Filed: 04/29/24 Page: 42 of 58 PAGEID #: 1077

Schedule A (Form 5500) 2021

F	Part I	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual	idual contracts with each carrier ma	ay be treated	as a unit for purposes of
_		this report.		1 4 1	
		ent value of plan's interest under this contract in the general account at year			
		ent value of plan's interest under this contract in separate accounts at year e	nd	5	
6		racts With Allocated Funds:			
	а	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
		If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount		6d	
		Specify nature of costs			
		Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) dther (specify)			
		If contract purchased, in whole or in part, to distribute benefits from a termination	<u> </u>		
7	Contr	racts With Unallocated Funds (Do not include portions of these contracts ma			
	а	Type of contract: (1) deposit administration (2) immedia	ate participation guarantee		
		(3) ☐ guaranteed investment (4) ☐ other ▶			
		_			
	b	Balance at the end of the previous year		7b	
	С	Additions: (1) Contributions deposited during the year	7c(1)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
			, , ,		
		(O)Tatal additions		70(6)	
	<b>ا</b> ا	(6)Total additions		7c(6) 7d	
		Fotal of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> )		/ u	
	-		7e(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(3)		
		(3) Transferred to separate account	7e(4)		
	,	4) Other (specify below)	70(4)		
		<b>7</b>			
		(5) Total deductions		7e(5)	
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	

Part	Welfare Benefit Contract Information If more than one contract covers the same		a cama a	mnlov	ver(s) or members of	the same o	mployee organizations(s)
	the information may be combined for report						
	employees, the entire group of such individ	ual contracts with each ca	arrier may	/ be tr	eated as a unit for p	urposes of t	his report.
8 Ber	nefit and contract type (check all applicable boxes)						
а	Health (other than dental or vision)	<b>b</b> Dental		С	Vision		<b>d</b> Life insurance
е	Temporary disability (accident and sickness)	f Long-term disabili	ty	g	Supplemental unem	ployment	<b>h</b> Prescription drug
i	Stop loss (large deductible)	j HMO contract		k 🗌	PPO contract		I Indemnity contract
m	X Other (specify) ▶ EMPLOYEE ASSISTANCE	PROGRAM					
<b>9</b> Exp	perience-rated contracts:						
а	Premiums: (1) Amount received		9a(1)	)			
	(2) Increase (decrease) in amount due but unpaid	ł	9a(2)	)			
	(3) Increase (decrease) in unearned premium res	erve	9a(3)	)			
	(4) Earned ((1) + (2) - (3))					9a(4)	
b	Benefit charges (1) Claims paid						
	(2) Increase (decrease) in claim reserves		9b(2)	)			
	(3) Incurred claims (add (1) and (2))					9b(3)	
	(4) Claims charged					9b(4)	
С	Remainder of premium: (1) Retention charges (o	n an accrual basis)					
	(A) Commissions		9c(1)(/				
	(B) Administrative service or other fees		9c(1)(I				
	(C) Other specific acquisition costs		9c(1)(0				
	(D) Other expenses		9c(1)([				
	(E) Taxes		9c(1)(E				
	(F) Charges for risks or other contingencies .		9c(1)(F				
	(G) Other retention charges					0-(4)(11)	
	(H) Total retention	_		_		9c(1)(H)	<u> </u>
_	(2) Dividends or retroactive rate refunds. (These	<u></u>		_		9c(2)	
d	Status of policyholder reserves at end of year: (1					9d(1)	
	(2) Claim reserves					9d(2)	
_	(3) Other reserves					9d(3)	
e	,	ot include amount entered	d in line 9	C(2).)		9e	
_	onexperience-rated contracts:					40-	400400
а	Total premiums or subscription charges paid to c					10a	428168
b	If the carrier, service, or other organization incurr retention of the contract or policy, other than repo	ed any specific costs in c	connection	n with	the acquisition or	10b	
Spe	ecify nature of costs.	orted in Fart I, line 2 abov	e, report	amou	II IL	100	
	,						
Part	IV Provision of Information						
		-0	l-1- C !		Δ. Π	Voc	X No
	id the insurance company fail to provide any inform		iete Sche	dule /	Α?	Yes	NU NU
<b>12</b> If	the answer to line 11 is "Yes," specify the informati	on not provided.					

## **SCHEDULE A** (Form 5500)

Department of the Treasury Internal Revenue Service

#### **Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

OMB No. 1210-0110

Department of Labor Employee Benefits Security Administration  File as an attachment to Form 5500.							
Pension Benefit Guaranty Co	orporation	Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).				This Form is Open to Public Inspection	
For calendar plan year 20	21 or fiscal pla	plan year beginning 01/01/2021			iding 12/3	1/2021	
A Name of plan				<b>B</b> Thre	e-digit		
JONES LANG LASALLE	GROUP BENE	NEFITS PLAN			number (Pl	N) •	501
C Plan sponsor's name a	as shown on lin	e 2a of Form 5500		<b>D</b> Emplo	yer Identific	ation Number (	EIN)
JONES LANG LASALLE	AMERICAS, IN	NC.		36-	4160760		
Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each coon a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.							
1 Coverage Information:							
(a) Name of insurance ca	ırrier						
METROPOLITAN LIFE IN		MPANY					
	(c) NAIC	(d) Contract or	(e) Approximate no	umber of		Policy or co	ontract year
<b>(b)</b> EIN	code	identification number	persons covered a policy or contract		(f)	From	<b>(g)</b> To
13-5581829	65978	105710	39642		01/01/202	1	12/31/2021
2 Insurance fee and com descending order of the		ation. Enter the total fees and to	tal commissions paid. L	ist in line 3	the agents,	brokers, and of	ther persons in
<u> </u>	amount of com	missions paid		<b>(b)</b> To	otal amount	of fees paid	
(C)		0		(",			71
3 Persons receiving com	missions and f	ees. (Complete as many entries	s as needed to report all	persons).			
	(a) Name a	and address of the agent, broker	, or other person to who	m commiss	ions or fees	were paid	
LOCKTON COMPANIES,	LLC		OX 123042 AS, TX 75312				
(b) Amount of sales ar	nd base	Fe	es and other commissio	ns paid			
commissions pa		(c) Amount		(d) Purpose			(e) Organization code
	0	71 N	NON-MONETARY COMI	PENSATIO	N		3
	(a) Name a	and address of the agent, broker	, or other person to who	m commiss	ions or fees	were paid	
						·	
(b) Amount of sales ar	nd hase	Fe	es and other commissio	ns paid			
commissions pa		(c) Amount		(d) Purpos	е		(e) Organization code
For Panerwork Reduction	n Act Notice	see the Instructions for Form	5500			Scher	lule A (Form 5500) 2021

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Schedule A (Form 5500) 2	2021	Page <b>2</b> – 1	
(a) Nar	ne and address of the agent, bro	oker, or other person to whom commissions or fees were paid	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Nar	ne and address of the agent, bro	oker, or other person to whom commissions or fees were paid	
	-		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Nar	me and address of the agent, bro	oker, or other person to whom commissions or fees were paid	
, , , , , , , , , , , , , , , , , , , ,			
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Nar	me and address of the agent. bro	oker, or other person to whom commissions or fees were paid	
	<b>,</b>		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Nar	me and address of the agent. bro	oker, or other person to whom commissions or fees were paid	
(2)			
(h) Amount of calca and have		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code

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Schedule A (Form 5500) 2021

I	Part II Investment and Annuity Contract Information						
			Where individual contracts are provided, the entire group of such individus report.	idual contra	cts with each carrier may	be treated	as a unit for purposes of
4	Curr	ent v	value of plan's interest under this contract in the general account at year	end		4	
5			value of plan's interest under this contract in separate accounts at year e			5	
6			s With Allocated Funds:				
	а	Sta	te the basis of premium rates				
	b	Pre	miums paid to carrier		6b		
	С		miums due but unpaid at the end of the year		6c		
	d		ne carrier, service, or other organization incurred any specific costs in contact of the costs o			6d	
			ention of the contract or policy, enter amountecify nature of costs				
		Spe	rature of costs				
	•	Tvr	be of contract: (1) individual policies (2) group deferred	d annuity			
	е			a armuny			
		(3)	other (specify)				
	_						
	f		ontract purchased, in whole or in part, to distribute benefits from a termin	• •			
7	Con	tracts	s With Unallocated Funds (Do not include portions of these contracts ma				
	а	Тур	pe of contract: (1) deposit administration (2) immedia	ite participa	tion guarantee		
			(3) ☐ guaranteed investment (4) ☐ other ▶				
			<del>-</del>				
	b	Bal	ance at the end of the previous year			7b	
	С	Add	ditions: (1) Contributions deposited during the year	7c(1)			
		(2)	Dividends and credits	7c(2)			
		(3)	Interest credited during the year	7c(3)			
		` '	Transferred from separate account	7c(4)			
		(5)	Other (specify below)	7c(5)			
		•					
		(6)	Total additions			7c(6)	
	d	Tota	If of balance and additions (add lines 7b and 7c(6))			7d	
	е		uctions:	- (1)			
			Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		. ,	Administration charge made by carrier	7e(2)			
		` '	Transferred to separate account	7e(3)			
		(4) (	Other (specify below)	7e(4)			
		•					
		(5)	Total deductions			7e(5)	
	f	Dal	ance at the and of the aurrent year (subtract line 70/5) from line 7d)			7f	

P	art III	Welfare Benefit Contract Informa			1		0	
		If more than one contract covers the same the information may be combined for report						
		employees, the entire group of such individ						
8	Benefit a	nd contract type (check all applicable boxes)						
	а 🗌 не	ealth (other than dental or vision)	<b>b</b> Dental	(	С	Vision		<b>d</b> X Life insurance
	<b>e</b>	emporary disability (accident and sickness)	f Long-term disabili	ty <b>Ç</b>	g∏	Supplemental unem	ployment	h Prescription drug
	i St	op loss (large deductible)	j HMO contract	ı	k∏	PPO contract		I Indemnity contract
	<b>m</b> 🔀 01	ther (specify) ACCIDENTAL DEATH AND	DISMEMBERMENT					
		(speed) / ACCIDENTAL BEATTIAND	DIGINIENIDERNIENT					
9	Experience	ce-rated contracts:						
	•	iums: (1) Amount received		9a(1)				
	(2) lı	ncrease (decrease) in amount due but unpaid	l					
		ncrease (decrease) in unearned premium res						
	(4) E	Earned ((1) + (2) - (3))					9a(4)	
	_	efit charges (1) Claims paid						
	(2) lı	ncrease (decrease) in claim reserves		9b(2)				
		ncurred claims (add (1) and (2))					9b(3)	
	(4) C	Claims charged					9b(4)	
	<b>C</b> Ren	nainder of premium: (1) Retention charges (o	n an accrual basis)					
		(A) Commissions		9c(1)(A	١)			
		(B) Administrative service or other fees		9c(1)(B	3)			
		(C) Other specific acquisition costs		9c(1)(C	2)			
		(D) Other expenses		9c(1)(D	)			
		(E) Taxes		9c(1)(E	Ξ)			
		(F) Charges for risks or other contingencies .		9c(1)(F	•)			
		(G) Other retention charges		9c(1)(G	3)			
		(H) Total retention					9c(1)(H)	
	(2) [	Dividends or retroactive rate refunds. (These	amounts were paid in	n cash, or	Пс	redited.)	9c(2)	
		tus of policyholder reserves at end of year: (1		,	_		9d(1)	
		Claim reserves	•				9d(2)	
	` '	Other reserves					9d(3)	
	(-)	dends or retroactive rate refunds due. (Do no					9e	
10		perience-rated contracts:			- (-/-	,		
		al premiums or subscription charges paid to c	arrier				10a	8981889
	_							
		e carrier, service, or other organization incurr ntion of the contract or policy, other than repo					10b	
	Specify r	nature of costs.	, =	о, горолго				1
P	art IV	Provision of Information						
11	Did the	insurance company fail to provide any inform	ation necessary to comp	lete Sched	dule	A?	Yes	X No
12	If the ar	nswer to line 11 is "Yes," specify the informati	on not provided.					

## **SCHEDULE A** (Form 5500)

Department of the Treasury Internal Revenue Service

#### **Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

OMB No. 1210-0110

Department of Labor Employee Benefits Security Administration  File as an			attachment to Form 55	i00.			
Pension Benefit Guaranty Co	orporation	Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).				This For	m is Open to Public Inspection
For calendar plan year 20	21 or fiscal pla	plan year beginning 01/01/2021			iding 12/3	1/2021	
A Name of plan				<b>B</b> Thre	e-digit		
JONES LANG LASALLE	GROUP BENE	NEFITS PLAN		plan	number (Pl	N) •	501
C Plan sponsor's name a	as shown on lin	ne 2a of Form 5500		<b>D</b> Emplo	yer Identific	ation Number	(EIN)
JONES LANG LASALLE	AMERICAS, IN	NC.		36-	4160760		
Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.							
1 Coverage Information:							
(a) Name of insurance ca	ırrier						
LINCOLN NATIONAL LIFE	E INSURANCE	COMPANY					
		T	(e) Approximate nu	umber of		Policy or c	ontract year
<b>(b)</b> EIN	(c) NAIC code	(d) Contract or identification number	persons covered at end of policy or contract year		(f)	From	<b>(g)</b> To
35-0472300	65675	GF384044147101	28527	•	01/01/202	1	12/31/2021
2 Insurance fee and com descending order of the		ation. Enter the total fees and tot	al commissions paid. L	ist in line 3	the agents,	brokers, and c	ther persons in
•	amount of com	missions paid		<b>(b)</b> To	otal amount	of fees paid	
(a) Total	amount or com	0		(6) 1	otal allioant	or reco para	112979
3 Persons receiving com	missions and f	fees. (Complete as many entries	as needed to report all	persons).			
		and address of the agent, broker,			ions or fees	were paid	
WILLIS TOWERS WATSO	ON US LLC		BERTY STREET, SUITI YORK, NY 10281	E F16			
(b) Amount of sales a	nd base	Fee	es and other commission	ns paid			
commissions pa		(c) Amount		(d) Purpos	е		(e) Organization code
		112979 S	SUPPLEMENTAL COMF	JPPLEMENTAL COMPENSATION			3
	(a) Name a	and address of the agent, broker,	or other person to who	m commiss	ions or fees	were paid	
	(-)						
(b) Amount of sales a	nd hase	Fee	es and other commission	ns paid			
commissions pa		(c) Amount		(d) Purpos	e		(e) Organization code
For Panerwork Reduction	on Act Notice	see the Instructions for Form !	5500			Sche	 

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Schedule A (Form 5500) 2	021	Page <b>2 –</b> 1		
(a) Nar	ne and address of the agent, brol	ker, or other person to whom commissions or fees were paid		
(1) A		Fees and other commissions paid	(e) Organization	
(b) Amount of sales and base commissions paid				
<b>(a)</b> Nar	ne and address of the agent, brol	ker, or other person to whom commissions or fees were paid		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code	
(a) Nar	ne and address of the agent, brol	ker, or other person to whom commissions or fees were paid		
	-			
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code	
(a) Nar	ne and address of the agent, brol	ker, or other person to whom commissions or fees were paid		
	<b>4</b>			
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code	
<b>(a)</b> Nar	ne and address of the agent, brol	ker, or other person to whom commissions or fees were paid		

Fees and other commissions paid

(d) Purpose

(c) Amount

**(b)** Amount of sales and base commissions paid

(e) Organization code Case: 2:24-cv-01519-EAS-CMV Doc #: 12-2 Filed: 04/29/24 Page: 50 of 58 PAGEID #: 1085

Schedule A (Form 5500) 2021

Part II							
		Where individual contracts are provided, the entire group of such indivithis report.	dual contracts wit	h each carrier may	be treated	as a unit for purposes of	
4	Curre	ent value of plan's interest under this contract in the general account at year	end		4		
_		ent value of plan's interest under this contract in separate accounts at year en			5		
_		racts With Allocated Funds:					
	а	State the basis of premium rates					
	b	Premiums paid to carrier			6b		
	С	Premiums due but unpaid at the end of the year			6c		
	d	If the carrier, service, or other organization incurred any specific costs in cor	nnection with the a	acquisition or	6d		
		retention of the contract or policy, enter amount			ou		
		Specify nature of costs					
	е	Type of contract: (1) individual policies (2) group deferred	d annuity				
		(3) other (specify)					
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check	here •			
7	Contr	racts With Unallocated Funds (Do not include portions of these contracts ma	intained in separa	te accounts)			
	а	Type of contract: (1) ☐ deposit administration (2) ☐ immedia	te participation gu	ıarantee			
		(3) ☐ guaranteed investment (4) ☐ other ▶					
		(e) [] guaranteea missament					
	b	Balance at the end of the previous year		[	7b		
		Additions: (1) Contributions deposited during the year	7c(1)				
		(2) Dividends and credits	7c(2)				
		(3) Interest credited during the year	7c(3)				
		(4) Transferred from separate account	7c(4)				
		(5) Other (specify below)	7c(5)				
		•					
		(6)Total additions			7c(6)		
	d∃	Fotal of balance and additions (add lines 7b and 7c(6))	<u></u>		7d		
	<b>e</b> [	Deductions:					
	(	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)				
	(	(2) Administration charge made by carrier	7e(2)				
		(3) Transferred to separate account	7e(3)				
	(	(4) Other (specify below)	7e(4)				
		•					
	(	(5) Total deductions			7e(5)		
	f	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )			7f		

P	Welfare Benefit Contract Informa If more than one contract covers the same g the information may be combined for reporti employees, the entire group of such individu	roup of employees of the	racts are ex	perience-rated	as a unit. Where co	ontracts cover individual
8	Benefit and contract type (check all applicable boxes)					
	a Health (other than dental or vision)	<b>b</b> Dental	С	Vision		<b>d</b> Life insurance
		f X Long-term disabilit		<b>=</b>	al unemployment	h Prescription drug
	i Stop loss (large deductible)	j HMO contract		PPO contrac		I  Indemnity contract
		] [] Tilvio contract	N.		UL	I I indemnity contract
	m ☐ Other (specify) ▶					
_	Function of rated contrasts.					
9	Experience-rated contracts:	ſ	00/4)			
	a Premiums: (1) Amount received	ľ	9a(1)	+		
	(2) Increase (decrease) in amount due but unpaid		9a(2) 9a(3)			
	(3) Increase (decrease) in unearned premium rese (4) Earned ((1) + (2) - (3))	•			9a(4)	
	<b>b</b> Benefit charges (1) Claims paid	ī	9b(1)		Ja(+)	
	(2) Increase (decrease) in claim reserves	l	(-)			
	(3) Incurred claims (add (1) and (2))				9b(3)	
	(4) Claims charged					
	C Remainder of premium: (1) Retention charges (or		••••••		<u>JD(4)</u>	
	(A) Commissions	·	9c(1)(A)			
	(B) Administrative service or other fees	ľ	9c(1)(B)			
	(C) Other specific acquisition costs		9c(1)(C)			
	(D) Other expenses	ſ	9c(1)(D)			
	(E) Taxes	l	9c(1)(E)			
	(F) Charges for risks or other contingencies	ľ	9c(1)(F)			
	(G) Other retention charges		9c(1)(G)			
	(H) Total retention	·-			9c(1)(H)	1
	(2) Dividends or retroactive rate refunds. (These	_		•		
	<b>d</b> Status of policyholder reserves at end of year: (1)	<b>—</b> •	<u> </u>	· ·		
	(2) Claim reserves	·				
					2.1(2)	
	(3) Other reserves  Prividends or retroactive rate refunds due. (Do no					
10	Nonexperience-rated contracts:	i ilicidde arriodrit eritered	111111111111111111111111111111111111111	<b>- j</b> .)	36	
	<b>a</b> Total premiums or subscription charges paid to ca	arrier			10a	6952960
						0332300
	b If the carrier, service, or other organization incurred retention of the contract or policy, other than report of the contract or policy.					
	Specify nature of costs.	rtod iii i dit i, iiilo 2 abov	o, roport an	TOUTH.		
Р	art IV Provision of Information					
11		ation necessary to compl	ete Schedu	le A?	Yes	X No
	If the answer to line 11 is "Yes," specify the information		2.0 0011000			<u> </u>
	The first terms in the first poor, the monitorinate in the first terms in the first term in the first ter					

## **SCHEDULE A** (Form 5500)

Department of the Treasury Internal Revenue Service

#### **Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

OMB No. 1210-0110

	Employee Benefits Security Administration  File as an attachment to Form 5500.								
Pension Ber	Pension Benefit Guaranty Corporation  Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).			ion	This For	m is Open to Public Inspection			
For calendar	plan year 20	21 or fiscal pla	n year beginning 01/01/2021		and en	ding 12/3	1/2021		
A Name of p		GROUP BENE	EFITS PLAN	<b>B</b> Three-digit plan number (PN		N) •	501		
•		as shown on lin	e 2a of Form 5500		-	yer Identific	ation Number	(EIN)	
OONLO LA									
Part I			rning Insurance Contract  . Individual contracts grouped a						
1 Coverage	Information:								
(a) Name of i		rrier EALTH PLAN I	NC						
4.5	-1.	(c) NAIC	(d) Contract or	(e) Approximate no			Policy or c	contract year	
(b) E	=IN	code	identification number	persons covered a policy or contract		(f)	From	<b>(g)</b> To	
94-1340523		00000	603401	2771		01/01/202	1	12/31/2021	
		mission informer amount paid.	ation. Enter the total fees and to	tal commissions paid. L	ist in line 3	the agents,	brokers, and o	ther persons in	
	(a) Total	amount of com	missions paid		<b>(b)</b> To	tal amount	of fees paid		
			0					0	
3 Persons re	eceiving com	missions and f	ees. (Complete as many entries	s as needed to report all	persons).				
		(a) Name a	and address of the agent, broker	r, or other person to who	m commiss	ions or fees	were paid		
								T	
` '	nt of sales ar			ees and other commissions paid			(2) Onwarianting and		
com	ımissions pa	ıd	(c) Amount		(d) Purpose	9		(e) Organization code	
		(a) Name a	and address of the agent, broker	r. or other person to who	m commiss	ions or fees	were paid		
				,					
(b) Amount of sales and base Fees and other commissions paid									
	missions pa		(c) Amount		(d) Purpose	=		(e) Organization code	
Far Danamus	ulc Dadinatia	n Act Notice	see the Instructions for Form	EEOO			Caha	dula A (Form FE00) 2021	

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Schedule A (Form 5500) 20	021	Page <b>2</b> – 1	
(a) Nam	e and address of the agent, bro	oker, or other person to whom commissions or fees were paid	
(4)			
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
<b>(a)</b> Nam	e and address of the agent, bro	oker, or other person to whom commissions or fees were paid	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nam	e and address of the agent, bro	oker, or other person to whom commissions or fees were paid	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nam	e and address of the agent, bro	oker, or other person to whom commissions or fees were paid	
(h) A		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
mold (e)	a and address of the agent bro	oker, or other person to whom commissions or fees were paid	
(a) Nam	e and address of the agent, bit	oker, or other person to whom confinissions or lees were paid	

Fees and other commissions paid

(d) Purpose

(c) Amount

**(b)** Amount of sales and base commissions paid

(e) Organization code

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Schedule A (Form 5500) 2021

Part II		II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual	dual contracts with each carrier may	be treated	d as a unit for purposes of
			this report.		_	
			alue of plan's interest under this contract in the general account at year e		4	
_			alue of plan's interest under this contract in separate accounts at year er	nd	5	
6	Con		With Allocated Funds:			
	а	Stat	e the basis of premium rates			
	_			Ī		
	b	Prer	niums paid to carrier		6b	
	С	Prer	niums due but unpaid at the end of the year		6с	
	d		e carrier, service, or other organization incurred any specific costs in con ntion of the contract or policy, enter amount		6d	
		Spe	cify nature of costs			
	е	Тур	e of contract: (1) 🗌 individual policies (2) 📗 group deferred	l annuity		
		(3)	other (specify)			
	f	If co	ontract purchased, in whole or in part, to distribute benefits from a termina	ating plan, check here		
7	Con		With Unallocated Funds (Do not include portions of these contracts mai			
-	а			te participation guarantee		
	_	. , p		3		
			(3) ☐ guaranteed investment (4) ☐ other ▶			
	h	Dolo	and at the and of the provious year		7b	
	b C		ance at the end of the previous yearitions: (1) Contributions deposited during the year	7c(1)	75	
	C		. , ,	7c(1)		
		` '	Dividends and credits	7c(3)		
		` '	nterest credited during the year			
		` '	Fransferred from separate account	7c(4)		
		(5) (	Other (specify below)	7c(5)		
					_ /=:	
		(-)	otal additions	i	7c(6)	
	d	Total	of balance and additions (add lines 7b and 7c(6)).		7d	
	е		ctions:			
			isbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) A	dministration charge made by carrier	7e(2)		
		` '	ransferred to separate account	7e(3)		
		(4) C	Other (specify below)	7e(4)		
		•				
		(5) T	otal deductions		7e(5)	
	f		nnce at the end of the current year (subtract line 7e(5) from line 7d)		7f	

Part III  Welfare Benefit Contract Information  If more than one contract covers the same group of employees of the information may be combined for reporting purposes if such complete employees, the entire group of such individual contracts with each	ntracts are experience-rated as a ur	nit. Where contracts	cover individual
	carrier may be treated as a drift for	purposes or triis repr	<u></u>
8 Benefit and contract type (check all applicable boxes)			
a X Health (other than dental or vision) b ☐ Dental	C Vision	<b>d</b> ∐ ւ	_ife insurance
e Temporary disability (accident and sickness) f Long-term disab	* = * = * * * * * * * * * * * * * * * *	mployment <b>h</b> X	Prescription drug
i ☐ Stop loss (large deductible) j ☒ HMO contract	<b>k</b> PPO contract	I∐ı	ndemnity contract
m ☐ Other (specify) ▶			
9 Experience-rated contracts:			
a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	_ ;_;		
(3) Increase (decrease) in unearned premium reserve			
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid		34(4)	
	21 (2)		
(2) Increase (decrease) in claim reserves	, , , , , , , , , , , , , , , , ,	0h/3)	
(3) Incurred claims (add (1) and (2))		- · · ·	_
(4) Claims charged		. 9b(4)	
C Remainder of premium: (1) Retention charges (on an accrual basis)			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees			
(C) Other specific acquisition costs			
(D) Other expenses			
(E) Taxes			
(F) Charges for risks or other contingencies			
(G) Other retention charges	9c(1)(G)		
(H) Total retention		. 9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were paid	in cash, or credited.)	9c(2)	
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide	e benefits after retirement		
(2) Claim reserves		. 9d(2)	
(3) Other reserves		0.1(0)	
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entero			
10 Nonexperience-rated contracts:	77		
Total premiums or subscription charges paid to carrier		. 10a	12153280
_		100	12100200
b If the carrier, service, or other organization incurred any specific costs in retention of the contract or policy, other than reported in Part I, line 2 about 1.		10b	
Specify nature of costs.	ve, report amount	. 100	
oposity flatare of costs.			
Dout IV Drawinian of Information			
Part IV Provision of Information			
11 Did the insurance company fail to provide any information necessary to com	plete Schedule A?	Yes X No	
12 If the answer to line 11 is "Yes," specify the information not provided.			

#### Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

### Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

> > Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110 1210-0089

2021

This Form is Open to Public

1 chain belieff duranty corporation			Inspection		
Part I Annual Report Id	lentification Information				
For calendar plan year 2021 or fisc	cal plan year beginning 01/01/2021	and ending 12/31/2	021		
A This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)					
	x a single-employer plan	a DFE (specify)			
<b>B</b> This return/report is:	the first return/report	the final return/report			
	an amended return/report	a short plan year return/report (less than 1	2 months)		
C If the plan is a collectively-barg	ained plan, check here		▶ 🗌		
<b>D</b> Check box if filing under:	Form 5558	automatic extension	the DFVC program		
	special extension (enter description	on)			
<b>E</b> If this is a retroactively adopted	plan permitted by SECURE Act section	n 201, check here	▶ 🗍		
Part II Basic Plan Inform	mation—enter all requested informati	on			
1a Name of plan JONES LANG LASALLE GROUP	P BENEFITS PLAN		<b>1b</b> Three-digit plan number (PN) ▶ 501		
			<b>1c</b> Effective date of plan 07/01/1977		
2a Plan sponsor's name (employ Mailing address (include room City or town, state or province	2b Employer Identification Number (EIN) 36-4160760				
JONES LANG LASALLE AMERIC	CAS, INC.		2c Plan Sponsor's telephone number 312-782-5800		
200 EAST RANDOLPH STREET CHICAGO, IL 60601			2d Business code (see instructions) 531390		
Caution: A populty for the late o	r incomplete filing of this return/rene	urt will he assessed unless reasonable cause i	s octablished		

#### penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Catherine Sheedy	7/13/2022	Catherine Sheedy
HEKE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
HERE	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

	Form 5500 (2021)	Page	e <b>2</b>		
3a	Plan administrator's name and address X Same as Plan Sponsor			<b>3b</b> Adminis	strator's EIN
				3c Adminis	strator's telephone r
4	If the name and/or EIN of the plan sponsor or the plan name has changed senter the plan sponsor's name, EIN, the plan name and the plan number fro			4b EIN	
a c	Sponsor's name Plan Name		•	4d PN	
5	Total number of participants at the beginning of the plan year			5	28110
6	Number of participants as of the end of the plan year unless otherwise state 6a(2), 6b, 6c, and 6d).	d (welfare plans	complete only lines 6a(1),		
a(	1) Total number of active participants at the beginning of the plan year			6a(1)	28110
a(	2) Total number of active participants at the end of the plan year			6a(2)	30625
b	Retired or separated participants receiving benefits			6b	0
С	Other retired or separated participants entitled to future benefits			6c	0
d	Subtotal. Add lines 6a(2), 6b, and 6c			. 6d	30625
е	Deceased participants whose beneficiaries are receiving or are entitled to re	eceive benefits		. 6e	
f	Total. Add lines 6d and 6e			. 6f	
g	Number of participants with account balances as of the end of the plan year complete this item)	` •	•	. 6g	
h	Number of participants who terminated employment during the plan year wit less than 100% vested			6h	
7	Enter the total number of employers obligated to contribute to the plan (only	multiemployer p	plans complete this item)	7	
8a b	If the plan provides pension benefits, enter the applicable pension feature could be plan provides welfare benefits, enter the applicable welfare feature could be pension feature feature could be pension for the pension feature feature could be pension for the pension feature feature could be pension for the pension feature feature feature feature could be pension feature f	des from the List	of Plan Characteristics Code	s in the instru	
9a 	Plan funding arrangement (check all that apply)  (1)	9b Plan ben (1) (2) (3) (4)	nefit arrangement (check all the last insurance last code section 412(e)(3) last last last last last last last last	insurance co	ntracts
10	Check all applicable boxes in 10a and 10b to indicate which schedules are a	attached, and, w	here indicated, enter the num	ber attached.	(See instructions)
а	Pension Schedules	b General	Schedules		
	(1) R (Retirement Plan Information)	(1)	H (Financial Infor	mation)	
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) (3) (4)	I (Financial Inform  X 13 A (Insurance Info  C (Service Provide	rmation)	,
	(3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5) (6)	D (DFE/Participat G (Financial Tran		

Receipt Confirmation Code